BRITISH MEDICAL JOURNAL:

BEING THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY ANDREW WYNTER, M.D.

No. LXXXII.] LONDON: SATURDAY, JULY 24, 1858. [NEW SERIES.

Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

LOCK HOSPITAL.

CASES OF SYPHILIS TREATED BY CALOMEL FUMIGATION.

Under the care of HENRY LEE, Esq.

WE have been favoured by Mr. Hocking, the house-surgeon of the Lock Hospital, with a table of 276 cases of syphilis treated by calomel fumigation. Of these, 164 cases occurred in women, and 112 in men. Seventy cases—namely, 40 in women, and 30 in men—were instances of primary infecting sores. One hundred and sixty-four cases of secondary syphilitic disease are included in the table; of these, 61 occurred in men, and 103 in women. Tertiary syphilis was treated in men in 11 cases by calomel fumigation, and in women in 6 cases.

Of the total number of cases, 29 left the Hospital without being properly discharged, 25 were made out-patients, and the remainder were discharged as cured. Five cases only were readmitted, from having suffered a relapse.

In a former number, we mentioned that not only were ordinary primary, secondary, and tertiary cases of syphilis treated by calomel fumigation, but that it had been tried upon patients who, to all appearance, would not be able to bear any of the ordinary forms of mercury. We mentioned, in particular, a case of a man apparently far advanced in phthisis, in whom the experiment was being made of affecting his system by means of calomel fumigation. We are now happy to be able to record the perfect success of that trial.

The patient Gilbert, of small stature and weakly constitution, was admitted, under the care of Mr. Lee, on March 25th, 1858. Six months previously, he had contracted syphilis, followed in three months by well marked copper-coloured blotches. When admitted, he was suffering from severe cough and night-sweats, with much weakness and loss of flesh; pulse 110, sharp, wiry, without power; respiration quick, regular, producing cough on deep inspiration; rest disturbed at night by cough. He remained in the Hospital until April 20th, under general treatment, apparently becoming weaker, when Dr. Sayer examined his chest, and gave the following report:—"Percussion of the chest gave a dull sound throughout, back, front, and on both sides. The ear applied to the chest found the respiration obscure in all these situations, but the breathing was more dull and more obscure at the upper part of each lung." Dr. Sayer concluded that miliary tubercles existed throughout the lungs.

At this period (April 27th), the patient commenced his calomel vapour baths (ten grains every night).

May 4th. Pulse 75, of good strength, and natural.

May 6th. The eruption was rapidly disappearing; he had gained flesh; expectoration was very slight.

May 8th. Pulse good; there was no expectoration nor cough.

May 13th. There was still some perspiration at night.

May 17th. He left the Hospital, on account of some private affairs. His appetite had then returned, and he felt quite a different person. A few stains only remained on the skin.

A month after this, this patient was seen by Mr. Hocking, following his occupation of an omnibus-conductor, apparently in very good health.

The rapid recovery that this man made induced Mr. Lee to believe that the disease in the lungs might in reality have had a syphilitic origin. The tendency of the fibrine to separate from the other elements of the blood is marked throughout this disease; it may be noticed in the induration of the primary affection; in the effusion on the iris and elsewhere in the secondary stages; and in deposits in internal organs in the tertiary form of the disease. The marked effect of the calomel fumigation led Mr. Lee to believe that the deposit in the lung might not be tubercular, but might possibly be separation of fibrine, in consequence of the syphilitic poison.

List of Cases of Calomel Fumigation from its introduction at the Lock Hospital up to the present time.

WOMEN.

Name.	When admitted.	Stage of disease.	Fumigation commenced.	When discharged.	Result.
Mary Ann C.	February 27, 1856	Secondary affection	April 17, 1856	July 2, 1856	Cured
Maria C.	March 13, 1856	Primary affection	March 13, 1856	April 4, 1856	Cured
Martha S.	March 13, 1856	Secondary affection	March 18, 1856	May 13, 1856	Discharged, bad conduct
Sarah B.	March 13, 1856	Secondary affection	April 17, 1856	May 29, 1856	Cured
Eliza B.	April 10, 1856	Secondary affection	April 10, 1856	June 20, 1856	Cured
Elizabeth P.	April 10, 1856	Secondary affection	April 10, 1856	May 8, 1856	Cured
Emma C.	April 10, 1856	Secondary affection	April 10, 1856	April 29, 1856	Absconded
Caroline B.	April 10, 1856	Primary affection	April 15, 1856	May 14, 1856	Cured
Sarah F.	April 24, 1856	Secondary affection	May 8, 1856	May 20, 1856	Absconded, nearly well
Ada B.	April 24, 1856	Primary affection	May 13, 1856	June 12, 1856	Cured
Fanny D.	May 8, 1856	Secondary affection	May 8, 1856	May 29, 1856	Cured
Elizabeth T.	May 8, 1856	Secondary affection	June 25, 1856	August 23, 1856	Cured
Elizabeth S.	May 22, 1856	Secondary affection	May 22, 1856	June 12, 1856	Cured
Ellen S.	May 22, 1856	Secondary affection	May 22, 1856		Discharged, bad conduct
Mary Ann C.	May 22, 1856	Secondary affection	May 22, 1856	July 24, 1856	Cured
Elizabeth P.	May 24, 1856	Primary affection	May 24, 1856	June 25, 1856	Cured
Mary Ann W.	June 6, 1856	Secondary affection	June 5, 1826	July 24, 1856	Cured
Eliza A. W.	June 6, 1856	Secondary affection	June 5, 1856	July 10, 1856	Cured
Mary Ann M.	June 6, 1856	Primary affection	June 5, 1856	June 26, 1856	Cured
Eliza E.	June 12, 1856	Tertiary syphilis	July 31, 1856	August 28, 1856	Discharged, misconduct
Caroline G.	June 19, 1856	Secondary affection	June 19, 1856	July 2, 1856	Left pregnant
Harriet B.	June 19, 1856	Secondary affection	June 19, 1856	August 14, 1856	Cured
Mary M.	June 19, 1856	Secondary affection	June 19, 1856	June 24, 1856	Left at her own request
Sarah H.	July 3, 1856	Secondary affection	July 3, 1856	July 31, 1856	Cured
Eliza K.	July 3, 1856	Secondary affection	July 3, 1856	August 21, 1856	Cured
Ann C.	August 1, 1856	Primary affection	August 1, 1856	August 13, 1856	Discharged, bad conduct
Eliza C.	July 31, 1856	Secondary affection	July 31, 1856	August 21, 1856	Left at her own request

Name.	When admitted.	Stage of disease.	Fumigation commenced.	When discharged.	Result.
Maria L.	July 31, 1856	Tertiary syphilis	August 1, 1856		Left at her own request
Sarah F.	July 31, 1856	Primary affection	August 1, 1856	August 21, 1856	Nearly well
Jane W.	July 31, 1856	Secondary affection	August 1, 1856	August 21, 1856	Discharged for confinement
Ann W.	August 10, 1856	Secondary affection	August 16, 1856	October 2, 1856	Made out-patient
Elizabeth W.	August 14, 1856	Secondary affection	August 14, 1856	August 29, 1856	Absconded
Mary Ann L.	August 14, 1856	Secondary affection	August 14, 1856	November 20, 1856	Cured
Louisa W.	August 14, 1856	Secondary affection	August 14, 1856	October 30, 1856	Cured
Bridget L.	August 28, 1856	Primary affection	August 28, 1856	Sept. 4, 1856	Cured
Emma A.	August 28, 1856	Secondary affection	Sept. 2, 1856	November 6, 1886	Cured
Caroline B.	Sept. 11, 1856	Secondary affection	Sept. 13, 1856	October 16, 1856	Out-patient
Mary Ann P.	October 9, 1856	Secondary affection	Oct. 9, 1856, until Oct. 18; and from Oct. 28 until November 1	Nov. 27, 1856	Out-patient
Frances B.	October 9, 1856	Secondary affection	October 9, 1856	November 27, 1856	Cured
Henrietta F.	October 23, 1856	Secondary affection	October 28, 1856	November 20, 1856	Cured
Sophia S.	October 23, 1856	Secondary affection	October 24, 1856	November 20, 1856	Cured
Ann A.	October 23, 1856	Secondary affection	November 1, 1856	March 2, 1857	Absconded
Ellen B.	November 5, 1856	Primary affection	November 6, 1856	January 8, 1857	Cured
Mary S.	November 5, 1856	Secondary affection	November 6, 1856	November 27, 1856	Out-patient
Matilda C.	November 6, 1856	Secondary affection	November 6, 1856	December 27, 1856	Discharged, own request
Anna S.	November 20, 1856	Primary affection	November 20, 1856	December 11, 1856	Cured
Eliza G.	December 18, 1856	Secondary affection	December 18, 1856	February 5, 1857	Cured
Jane M.	December 18, 1856	Secondary affection	December 18, 1856	February 5, 1857	Cured
Harriet R.	January 1, 1857	Secondary affection	March 29, 1857	May 6, 1857	Cured
Mary Ann C.	January 1, 1857	Secondary affection	January 3, 1857	March 11, 1857	Cured
Louisa L.	January 1, 1857	Primary affection	January 3, 1857	January 29, 1857	Cured
Ellen S.	January 15, 1857	Secondary affection	January 15, 1857	February 14, 1857	Cured
Emma C.	January 15, 1857	Secondary affection	January 15, 1857	February 19, 1857	Cured
Caroline D.	January 29, 1857	Secondary affection	January 29, 1857	March 12, 1857	Cured
Caroline P.	January 29, 1857	Secondary affection	January 29, 1857	March 26, 1857	Cured
Elizabeth S.	February 14, 1857	Secondary affection	February 14, 1857	May 4, 1857	Cured
Emma J.	February 26, 1857	Secondary affection	March 19, 1857	April 9, 1857	Cured
Jane H.	February 26, 1857	Primary affection	March 10, 1857	April 9, 1857	Cured
Jane M.	Re-admittted, February 26, 1857	Secondary affection; which reappeared after she was discharged from the hospital	February 26, 1857	March 12, 1857	Cured
Emma P.	February 26, 1857	Secondary affection	February 26, 1857	March 19, 1857	Cured
Susan V.	February 26, 1857	Secondary affection	February 26, 1857	March 26, 1857	Cured
M. W.	March 12, 1857	Primary affection	March 12, 1857	April 2, 1857	Left at her own request better
Louisa D.	March 12, 1857	Secondary affection	March 12 until October 10, 1857	February 11, 1858	Cured
Sophia S.	Re-admitted, March 12, 1857	Secondary affection; which reappeared after she was discharged from the hospital	March 12, 1857	May 7, 1857	Cured
Julia W.	March 16, 1857	Secondary affection	June 1, 1857	October 16, 1857	Discharged
Eliza S.	March 26, 1857	Secondary affection	March 26, 1857	July 16, 1857	Cured
Caroline B.	March 26, 1857		March 26, 1857	April 18, 1857	Discharged, bad conduct
Ellen P.	March 26, 1857	Secondary affection	March 28, 1857	April 23, 1857	Cured
Mary N.	March 26, 1857	Primary affection	March 26, 1857	April 26, 1857	Cured
Harriet J.	April 9, 1857	Primary affection	April 9, 1857	April 27, 1857	Absconded
Mary A.	April 9, 1857	Secondary affection	April 9, 1857	April 30, 1857	Cured
Eliza C.	April 9, 1857	Secondary affection	April 9, 1857	May 1, 1857	Left at her own request, nearly well
Mary M.	April 9, 1857	Primary affection	April 28, 1857	May 21, 1857	
Mary M.	Re-admitted, Aug. 20, 1857		August 20, 1857	Sept. 17, 1857	
Emma S.	April 23, 1857	Primary affection	April 29, 1857	May 21, 1857	Cured
Alice C.	April 23, 1857	Secondary affection	April 23, 1857	June 11, 1857	Cured
Elizabeth T.	April 23, 1857	Secondary eruption	April 23, 1857	May 30, 1857	Discharged, bad conduct
Jannet C.	May 7, 1857	Secondary eruption	May 7, 1857	May 27, 1857	Cured
Florence I.	May 7, 1857	Secondary affection	May 8, 1857	May 28, 1857	Cured
Emma M.	May 7, 1857	Primary affection	May 8, 1857	June 23, 1857	Out-patient, own request
Ellen L.	May 7, 1857	Secondary affection	May 8, 1857	June 28, 1857	Cured
Sarah F.	May 7, 1857	Primary affection	May 8, 1857	July 16, 1857	Cured
Mary A. O.	May 22, 1857	Secondary affection	May 22, 1857	August 3, 1857	Discharged, bad conduct
Louisa B.	June 4, 1857	Primary affection	June 5, 1857	July 2, 1857	Cured
Emma S.	June 5, 1857	Secondary affection	June 5, 1857	July 9, 1857	Out-patient, own request
Jane L.	June 5, 1857	Secondary affection	June 5, 1857	June 16, 1857	Absconded
Emma H.	June 5, 1857	Secondary affection	June 12, 1857	July 16, 1857	Left at her own request
Catherine H.	June 18, 1857	Primary affection	July 7, 1857	August 27, 1857	Cured
Fanny A.	July 3, 1857	Primary affection	July 3, 1857	July 16, 1857	Cured
Augusta L.	July 3, 1857	Primary affection	July 3, 1857	July 16, 1857	Cured
Elizabeth B.	June 23, 1857	Secondary affection	June 23 until Oct. 27, 1857	February 25, 1858	Absconded, nearly well
Louisa R.	July 2, 1857	Primary affection	July 2, 1857	July 16, 1857	Cured
Amy G.	July 2, 1857	Secondary affection	July 2, 1857	July 16, 1857	Out-patient, own request

Name.	When admitted.	Stage of disease.	Fumigation commenced.	When discharged.	Result.
Eliza W.	July 14, 1857	Primary affection	July 17, 1857	August 16, 1857	Cured
Kate A.	July 14, 1857	Tertiary syphilis	July 17, 1857	Sept. 17, 1857	Cured
Alice H.	July 14, 1857	Tertiary syphilis	July 17, 1857	July 23, 1857	Out-patient, own request
Ellen H.	July 14, 1857	Secondary affection	July 17, 1857	August 14, 1857	Dismissed pregnant, much relieved
Maria B.	July 16, 1857	Primary affection	July 17, 1857	August 27, 1857	Cured
Agnes B.	July 16, 1857	Secondary affection	July 17, 1857	August 27, 1857	Cured
Rebecca H.	July 30, 1857	Secondary affection	July 30, 1857	October 22, 1857	Cured
Jane H.	July 30, 1857		July 30, 1857	August 1, 1857	Dismissed, bad conduct
Kate E.	July 30, 1857	Secondary affection	July 30, 1857, until August 10	October 26, 1857	Cured
Sarah F.	August 4, 1857	Primary affection	August 4, 1857	August 14, 1857	Cured
Mary S.	August 13, 1857	Secondary affection	August 14, 1857	October 29, 1857	Cured
Margaret B.	August 13, 1857	Secondary affection	August 14, 1857	Sept. 20, 1857	Cured
Ann S.	August 13, 1857	Primary affection	August 14, 1857	Sept. 30, 1857	Cured
Fanny W.	August 13, 1857	Secondary affection	August 14, 1857	August 20, 1857	Out-patient, own request
Maria H.	August 13, 1857	Primary affection	August 14, 1857	October 5, 1857	Cured
Elizabeth H.	August 17, 1857	Primary affection	August 18, 1857	October 8, 1857	Cured
Eliza W.	August 18, 1857	Secondary affection	August 18, 1857	Sept. 24, 1857	Cured
Mary Q.	August 27, 1857	Primary affection	October 3, 1857	October 15, 1857	Cured
Caroline K.	August 27, 1857	Secondary affection	August 28, 1857	Sept. 17, 1857	Out-patient, own request
Christiana W.	August 27, 1857	Primary affection	Sept. 14, 1857	Sept. 17, 1857	Out-patient, own request
Julia G.	August 27, 1857	Secondary affection	August 28, 1857	Sept. 24, 1857	Cured
Sarah M.	Sept. 10, 1857	Primary affection	Sept. 11, 1857	October 8, 1857	Cured
Harriet R.	Re-admitted, Aug. 1, 1857	Secondary affection	Aug. 1, 1857, until Nov. 27	March 11, 1858	Cured
Selina F.	Sept. 24, 1857	Primary affection	Sept. 24, 1857	November 16, 1857	Cured
Elizabeth B.	Sept. 24, 1857	Tertiary syphilis	Sept. 24, 1857	November 28, 1857	Left at her own request
Ellen E.	Sept. 24, 1857	Secondary affection	Sept. 24, 1857	October 25, 1857	Cured
Ann M.	Sept. 24, 1857	Secondary affection	Sept. 24, 1857	November 12, 1857	Cured
Elizabeth C.	Sept. 26, 1857	Secondary affection	Sept. 26, 1857, until December 26	January 28, 1858	Cured
Maria J.	Sept. 27, 1857	Secondary affection	Sept. 27, 1857	November 7, 1857	Cured
Harriet P.	Sept. 29, 1857	Secondary affection	Sept. 29, 1857	November 28, 1857	Out-patient, own request
Harriet C.	October 8, 1857	Secondary affection	October 8, 1857	November 25, 1857	Cured
Eliza P.	October 8, 1857	Secondary affection	October 8, 1857	October 29, 1857	Cured
Emma G.	October 22, 1857	Primary affection	October 22, 1857	October 27, 1857	Left at her own request
Sarah D.	October 22, 1857	Secondary affection	October 22, 1857	October 28, 1857	Left at her own request
Jane F.	November 5, 1857	Secondary affection	November 5, 1857	December 3, 1857	Cured
Mary A. M.	November 20, 1857	Tertiary syphilis	Novemb. 20, 1857, until Dec. 1	February 11, 1858	Dismissed, bad conduct
Selina T.	Re-admitted, Nov. 27, 1857	Secondary affection	Jan. 9, 1858, until Jan. 25	March 19, 1858	Cured
Ann P.	December 3, 1857	Secondary affection	December 3, 1857	January 11, 1858	Left at her own request
Sarah M.	December 3, 1857	Secondary affection	December 3, 1857	December 31, 1857	Cured
Eliza R.	December 31, 1857	Secondary affection	January 1, 1858	February 11, 1858	Cured
Eliza S.	December 31, 1857	Secondary affection	January 1, 1858	January 5th, 1858	Left pregnant
Margaret C.	January 14, 1858	Secondary affection	January 14, 1858	January 28, 1858	Cured
Emma Y.	January 14, 1858	Secondary affection	January 14, 1858	February 11, 1858	Cured
Fanny C.	January 14, 1858	Secondary affection	January 14, 1858	February 11, 1858	Dismissed, bad conduct
Sophia S.	January 14, 1858	Secondary affection	January 14, 1858		Left at her own request
Eliza S.	January 28, 1858	Secondary affection	February 6, 1858	Still in the hospital	
Eliza G.	January 28, 1858	Primary affection	February 6, 1858	February 23, 1858	Cured
Eliza C.	January 30, 1858	Secondary affection	February 1, 1858	April 29, 1858	Cured
Mary A. M.	February 11, 1858	Secondary affection	February 11, 1858	March 11, 1858	Cured
Ann F.	February 25, 1858	Tertiary sore only	February 25, 1858	April 8, 1858	Out-patient at own request: sore healed
Elizabeth E.	March 4, 1858	Secondary sore	March 11, 1858	April 1, 1858	Out-patient, own request
Ellen D.	March 11, 1858	Primary affection	March 11, 1858	April 28, 1858	Out-patient, own request
Emily B.	March 11, 1858	Primary affection	March 27, 1858		Discharged, own request
Emma S.	March 11, 1858	Secondary affection	March 11, 1858	April 16, 1858	Cured
Martha B.	March 11, 1858	Secondary affection	March 11, 1858	June 17, 1858	Left at her own request
Ellen S.	March 25, 1858	Secondary affection	March 25, 1858	April 22, 1858	Cured
Maria P.	March 25, 1858	Secondary affection	March 25, 1858	May 27, 1858	Cured
Ernestine P.	April 22, 1858	Secondary affection	April 22, 1858	May 13, 1858	Cured
Sarah B.	April 22, 1858	Secondary affection	April 22, 1858, until June 1	Still in the hospital	
Emma G.	April 22, 1858	Primary affection	April 22, 1858	May 20, 1858	Cured
Mary Ann F.	April 26, 1858	Primary affection	April 26, 1858, until May 8	June 10, 1858	Out-patient, own request
Emily H.	April 24, 1858	Secondary affection	April 26, 1858	May 27, 1358	Cured
Eliza C.	April 26, 1858	Secondary affection	April 26, 1858	May 20, 1858	Cured
Emily S.	May 6, 1858	Primary affection	May 6, 1858	May 27, 1858	Cured
Louisa W.	May 6, 1858	Secondary affection	June 1, 1858	Still in the hospital	
Caroline A.	May 20, 1858	Secondary affection	May 20, 1858	June 17, 1858	Cured
Elizabeth P.	May 20, 1858	Secondary affection	May 20, 1858	Still in the hospital	
Fanny W.	May 20, 1858	Secondary affection	June 18, 1858	Still in the hospital	
Ellen W.	May 20, 1858	Primary affection	May 20, 1858	June 10th, 1858	Cured
Mary R.	May 20, 1858	Secondary affection	May 20, 1858	Still in the hospital	
Emma P.	May 20, 1858	Secondary affection	May 20, 1858, up to June 17	Still in the hospital	

[*To be continued.*]

BIRMINGHAM AND MIDLAND COUNTIES EYE INFIRMARY.

SUBCONJUNCTIVAL OPERATIONS FOR SQUINT PERFORMED SINCE JUNE 24TH.

By J. VOSE SOLOMON, F.R.C.S., Surgeon to the Birmingham and Midland Counties Eye Infirmary; formerly Honorary Surgeon to the Birmingham General Dispensary.

[*Continued from page* 531.]

CASE VI. Margaret T., aged 30, had double convergent strabismus of old date. The internal rectus of each eye was divided subconjunctivally on the 25th of June.

Result. The position of the eyes and the power of convergence are normal.

CASES VII and VIII. Bartholomew C., aged 21, has been affected with convergent squint for twenty years, and has been refused admission into the police force until the deformity is removed. The squint alternates; vision is normal. Subconjunctival operation on right eye June 25th. On the 29th, the eyes preserved a normal position in whatever direction they turned. On the 1st of July, the eye operated upon squinted in consequence of contraction of the material that had been exuded to repair the divided parts, and a squint was also established in the fellow organ. Occlusion of the latter, and exercise of the right, having failed to restore the eye operated upon to its proper position, it was ligatured to the temple, and the object sought was gained. On the 10th of July, the squint in the left was cured by subconjunctival myotomy.

Result. At the present time the eyes possess a normal power of convergence, and are in all respects natural, with the exception of the redness that ordinarily follows an operation. The man has been placed on the strength of the police force.

CASE IX. Edward E., aged 18, from Harley, near Stafford, has double divergent strabismus. The right eye is the worst: just beneath, and a little to the outer side of the centre of the pupil, is a thin opacity of the cornea. Mr. Solomon, having first ascertained that vision is improved when this eye is brought to the centre, divided, on the 8th of July, both of the external rectus muscles subconjunctivally.

Result. The deformity, which had existed six years, was completely removed, and the mistiness of vision lessened.

CASE X. Edward B., aged 40, is unable to converge the right eye upon an object placed near to the top of his nose. This semi-paralytic condition of the adductor muscle is referrible to a cerebral attack of some three years date. The insertion of the right abductor was divided on July 11th, great care being taken to disturb as little as possible the neighbouring parts. For three or four days afterwards, a slight inward squint was observable, when it subsided, and the ability to converge the eye in a normal degree was regained.

CASE XI. Hannah T., aged 18, has had double convergent strabismus for six years. The right eye has been turned deeply inwards; its vision is imperfect; the outline of large objects is imperfect, and the reading of capital letters (one-eighth of an inch) impossible.

July 10th. Subconjunctival myotomy of both eyes was performed. The right globe was attached by a ligature to the temple.

Result. The eyes, in position, appearance, and movements, are natural; defining power of the right is improved.

CASE XII. Eliza G., aged 17, has double convergent squint. The left, which is the worst, has been affected seven years, and is referred by the patient to the occurrence of styes at the period named. The vision is normal.

July 12th. Both eyes were operated upon subconjunctivally, with the same success as in the preceding case, by whom, in fact, she was brought to the Infirmary.

CASE XIII. Charles J., aged 13, strumous and unhealthy, squints inwards, with the right eye excessively, with the left in a slight degree.

July 14th. Subconjunctival myotomy of right eye was performed; and the organ was afterwards ligatured to the temple for forty-eight hours.

July 17th. The eye was in normal position; the convergence of the left had become very decided.

Patients operated upon, 7; males, 4; females, 3. Eyes operated upon, 12; for external squint, 3; for internal, 9.

Original Communications.

DIPHTHERITIS, OR DIPHTHERIA.

By J. MILNER BARRY, M.D., Physician to the Tunbridge Wells Infirmary and Dispensary.

BRETONNEAU* was, perhaps, not very happy in making choice of *diphthérite* as a new name for *angina membranacea;* but as it is convenient to designate a disease, or definite assemblage of morbid phenomena, by a single word, and as *diphthérite*, or *diphtheritis*, has been adopted into the medical vocabulary, we may be content to accept and employ the term, whilst demurring as to its etymological appropriateness. As this insidious disease affects the blood primarily, and manifests itself outwardly on the tonsils before it extends to other parts of the throat, I should feel inclined to denominate it *tonsillitis zymotica*, if required to give it a new nosological epithet.

The absence of eruption and the non-occurrence of cuticular desquamation would help now-a-days to distinguish diphtherite from scarlatina occurring in any latent or masqued form; but if we refer to the histories of the terrible epidemics of sore throat which prevailed in the seventeenth and eighteenth centuries, we shall be disposed to conclude that scarlet fever, scarlatina *sine exanthemate*, and diphthérite, were blended together and described as affections of the throat under various denominations, such as "*angina pestilentialis*",+ "*pestilens faucium adfectus*",‡ "*angina alba*",§ "*angina puerorum epidemica*",‖ "*garrotillo*"¶ "ulcerous sore throat",†† "malignant sore throat", "putrid sore throat", etc.

As the disease has prevailed extensively throughout the kingdom, and seems likely to establish for itself a place in our nosologies, it would be desirable to agree as to the name by which it should be designated. *Diphtheria* seems to me to have been very needlessly proposed as a substitute for *diphthérite*, apparently owing to erroneous views as to its etymology: the termination *ite*, or *itis*, being objected to, because it is usually employed to indicate the occurrence of inflammation in an organ, and as *diphthera* means "leather", diphtheritis might be supposed to signify "inflammation of leather"—doubtless a most irrelevant name for the disease. But Bretonneau appears to have taken the word *diphtheritis* bodily from his lexicon, as the best word he could find to denote a disease characterised by a whity-brown membranous exudation. *Diphtheritis*, according to the lexicographers, is the feminine of *diphtherias*, which, being interpreted, means "clad in a leather frock". Now diphtheritis being "a word of exceeding good command", why should it be superseded by diphtheria?

CASE OF INTRAUTERINE LACERATED WOUND.

By J. LYNCH, Esq., Blyth.

THE following case of intrauterine lacerated wound appears to me strange, and in my experience unprecedented.

On the evening of July 10th, I was sent for to a Mrs. Scott, the wife of a pitman. I was told that she had had a fall, and was in great pain. On my arrival, I had little difficulty in discovering that she was in labour. She told me that she was in the eighth month of pregnancy with her fourth child; that, eight days previously, in attempting to take down a clothes-line, her foot slipped; she staggered backwards three or four yards, and fell on her back against a square piece of timber. From that time until the present, she had suffered much pain, and had not been able to leave her bed.

On examination, I found that labour was well advanced. I ruptured the membranes, and in a few minutes the child was born. It was a female, and in size and development corresponded with the mother's calculation. It never breathed.

While in the act of handing it to an attendant, I felt something on its back, which induced me to turn it over, when we

* Bretonneau. Des Inflammations spéciales du Tissu muqueux, et en particulier de la Diphthérite ou Inflammation pelliculaire, etc. 8vo. Paris, 1823.

+ Weir. De Pestilentiali Anginâ. Basil, 1567.

‡ J. A. Sgambati. De Pestilenti Faucium Adfectu Neapoli sæviente. Naples, 1620.

§ J. H. Stark. De Anginâ Albâ, seu Prunellâ. Regiomont., 1690.

‖ Thomas Bartholinus. De Anginâ Puerorum. Lut. Paris. 12mo. 1646.

¶ G. G. De Pina. Tratado del Garrotillo. Saragossa, 1636.

†† J. Fothergill. An Account of the Sore Throat attended with Ulcers, 8vo. Lond. 1748. Or Fothergill's Works, vol. i, 341. Lond. 1783.

witnessed a very extraordinary spectacle. From the middle of the sacrum, along the whole course of the spine to the occiput, it was one continued raw jagged wound, varying from two inches and a half to three inches in breadth, as if the skin and flesh had been violently torn from the vertebræ and ribs. The mass thus separated was found coiled up at the nape of the neck. The whole appeared most unnatural and unsightly, and was redeemed only by the beautiful process of reparation having commenced. The surface of the wound was covered with a pellicle of organised lymph; and the edges had that smooth glistening appearance which indicates incipient cicatrisation.

The mother is doing well, but complains much of pain along the spine.

Transactions of Branches.

LANCASHIRE AND CHESHIRE BRANCH.

ON COUNTERIRRITANTS.

By THOMAS INMAN, M.D., Liverpool.

[*Read June 30th.*]

THERE is at the present day a wide-spread doubt respecting the doctrine of counterirritation generally, and the use of blisters particularly. It is argued, and very justly, that, if blisters act simply as derivatives or revulsives, it would be most judicious to apply them at a considerable distance from the diseased spots; and yet, as a general rule, experience proves that their value is in proportion to the nearness of the counterirritant to the part affected. But still greater doubts are entertained about the doctrine that the supervention of one disease is efficacious in curing another. The inquiry naturally branches into two directions; first, Is this dogma true? secondly, If so, does it explain the *modus operandi* of counterirritants?

That the dogma is true *to a certain extent*, there can be no reasonable denial. We are many of us familiar with the phenomena of metastasis in disease. We have seen a white swelling of the knee get suddenly well, while the lungs have as suddenly become affected fatally; both phenomena taking place in the same fortnight. Hydrocephalus may be replaced by cervical abscesses. We have seen erysipelas in the foot get well *pari passu* with the invasion of phrenitis; then the erysipelas has reappeared, but in the calf of the leg, the head symptoms getting well; the disease has again left the leg, and invaded the peritoneum; and has again left this to settle over the shin-bone. We have seen recovery from jaundice followed by a cutaneous eruption; gout in the stomach replaced by gout in the toe; swelled testicle may supervene on cessation of gonorrhœal discharge; and suction of the mamma in a woman recently confined will produce uterine contraction; pneumonia will sometimes terminate in some critical discharge; and a monthly hæmoptysis may replace the usual uterine flow. Other instances will occur to many of my readers. But, on the contrary, there is abundant proof that the supervention of one disease may occur without any beneficial influence over a preceding one. Thus, ulceration of the bowels will not cure pulmonary consumption; gout in the right will not ameliorate gout in the left foot; diabetes will not cure ascites from diseased liver; injury or traction on the mamma will not produce contraction of the uterus before the normal time for parturition; erysipelas of the skin of the face will not prevent its affecting the brain; sore-throat will not cure syphilitic lepra, nor will an irritant to the urethra cure swelled testicle; pruritus vulvæ is compatible with increasing uterine disease, and nettle-rash with ulcer of the stomach.

Granting, then, that there is a limited amount of truth in the dogma, we ask if it can explain the *modus operandi* of counterirritants? Does it explain why a blister will increase an acute disease, and cure a chronic one? Why a blister to the side in chronic pleurisy will do more good than a brisk cathartic, *i.e.*, a blister to the bowels? Why a blister to the head in typhoid coma will rouse a patient who was utterly insensible to the presence of a bed-sore? And lastly, if the doctrine be true, ought it not to lead us to use counterirritants in every disease, no matter what its nature?—a plan the absurdity of which none of us could fail to see.

There being, then, grave reasons for considering the ordinary doctrines respecting counterirritants to be untenable, it becomes necessary to inquire whether their operation may not be explained in some other way. The present doctrine is mysterious, and makes great demands upon our medical faith, or rather credulity. In seeking another, we must carefully follow the dictates of observation, analogy, reason, and experience.

I propose to commence by a consideration of the action of certain agents when applied to the skin. We shall then be in a position to deduce some law or principle of action applicable to counterirritants generally, and to show the practical superiority of the new docrine over the old.

As my time is necessarily limited, I must abstain from long dissertations upon separate facts, and must be content with giving the results of experiments, rather than detail them at length.

Without further preface, then, we inquire what is the action of well known agents when applied to the skin? We begin with arsenic, whose presence can be so well detected by the chemist. Experience tells us that, in the form of arsenical paste, it produces a deep slough of the part to which it is applied; and that, notwithstanding the influence it has upon the tissue, it is absorbed, and passes into the system generally, sometimes in a fatally poisonous quantity. In these cases, the action is most intense in the immediate vicinity of the application, but is severe elsewhere. In other cases, where a smaller quantity is employed, its influence is felt only in the immediate vicinity of the part. Thus Taylor relates a case of a man who accidentally used some arsenical ointment to his anus for piles; next day, both the anus and scrotum were inflamed, many pustules were formed, and the matter contained arsenious acid. Pereira relates another, where a woman used an arsenical ointment to the scalp. It produced great swelling of the head; and in about six or seven days, enlargement of the ears, and of the glands of the jaw and neck. The face was in a sort of erysipelatous inflammation; and, in addition, there were vertigo, fainting, vomiting, ardor urinæ, etc. In a few days more, the hands and feet were covered with pimples, but she recovered ultimately. Here, then, we have distinct proof of an irritant being absorbed, and operating *principally* in the vicinity of the original application, and more moderately elsewhere. We see another illustration of the same fact in those cases where local palsy arises from local contact with lead, without there being any other distinct sign of the operation of the poison on the system.

Taylor records cases where bichloride of mercury, topically applied, has produced violent local symptoms in the first place, and severe intestinal disease in the second. Pereira gives others where the nitrate of mercury, used locally as a caustic, has been absorbed, with fatal effects on the alimentary canal. Tartar emetic, in the same way, when applied to the skin, produced first a local effect; but, in some few instances, it produces a secondary effect, such as nausea and vomiting. We do not, however, confine our observations to caustics and irritants: we may refer to milder remedies, which, when applied to the skin, have firstly a definite action on the neighbouring parts, and secondly on the system generally.

Dr. Ward of Manchester, in 1809, called attention to the ease with which opium might be introduced into the system, and produce its characteristic effects by means of friction on the skin. I have myself had much experience of laudanum and morphia epithems; and have repeatedly noticed, first a local, subsequently a general effect. The late Mr. Shaw of Cheltenham was in the habit of treating sciatica by the application of a plaister composed of opium, belladonna, colchicum, and resin, to the whole of the lower extremity; and he invariably found that it relieved the local pain in the first place, and affected the system in the second. Applied near the eye, belladonna produces a local effect only, as the absorbing surface is small, and the part soon dries; but when applied to the os uteri on a larger surface, and kept constantly moist, constitutional effects often follow the local ones.

I next pass on to a substance which we can trace by the eye —nitrate of silver. I know a gentleman whose face has been rendered of a blue or slate colour by the continued application of very strong argentine solutions to the fauces: the hands do not partake of the same tint. There can be no doubt of the facility with which mercury may be introduced into the system through the skin, as inunction is habitually resorted to whenever a very rapid salivation is required.

I have adverted to instances in which the action of lead, locally applied, has been manifested by local palsy, without any general effect upon the system. There are many others in which its cutaneous absorption has been followed by general effects.

From these facts, I consider that we may enunciate the following law: *any material capable of being absorbed through the skin acts primarily and most energetically on the spot to which it is applied, and on the parts in its vicinity; and secondly, and more mildly, on the system generally.*

I will next inquire whether the most popular counterirritants form any exception to it. I will begin with cantharidine. There is abundant proof of its local vesicating powers. There is tolerably good proof also that it is absorbed, and produces irritating effects on the neighbouring tissues. Thus we learn from experiment that blisters applied to the thorax and abdomen of dogs and rabbits will produce redness and absolute inflammation of the pleura and peritoneum, in patches distinctly corresponding to the vesicated surface of the skin. My friend Dr. Cameron has seen, after death, vascularity of the pleura in men, corresponding with blisters applied to the side a short time before death. He has met with cases in which a friction-sound has followed their application to the thorax within twenty-four hours after their use, no such sound having been audible before. I myself know an individual in whom the use of a blister is always followed by crops of boils, which begin in the neighbourhood of the vesication, and spread far and wide. Pereira has seen eczema and ecthyma from a similar cause. Sometimes the absorbed vesicant produces extensive inflammation and gangrene of the skin—an occurrence most common in children and other delicate persons, in whom the skin is thin, and cutaneous absorption active. Of the ultimate absorption of the cantharidine into the system, and its influence on the kidneys, I need not speak, as the facts are more or less familiar to us all.

Croton oil, like cantharides, has a local and a general effect, producing in the first place cutaneous inflammation, and in the second free purgation. In like manner, iodine paint has a direct local action on the part to which it is applied; and its presence may subsequently be detected in the urine, as I have ascertained by direct experiments carried on by Mr. Davies, our junior house-surgeon. The same may be said of turpentine epithems: the material is absorbed, and acts directly upon the parts below (as on the intestines, when it is applied to the abdomen for meteorismus), and subsequently may be found in the breath and urine. Ammonia operates in the same way; mustard we cannot well trace, though there is no doubt of its absorption.

From these considerations, we infer—1. That the counterirritants commonly in use are *direct irritants to the part to which they are applied;* 2. That their acrid principle is absorbed, and acts in the milder form of a *stimulant in the immediate neighbourhood of its introduction;* and 3. That at last it enters the circulation, and affects distant organs.

To make our meaning clear, let us take nitrate of silver for an example. When rubbed for a long period on the well wetted skin, it produces a slough; when used more sparingly, as in erysipelas, it acts primarily as a *vesicant;* but a portion of it is absorbed and diluted by the cutaneous fluids; and the inflamed skin is permeated by a material analogous, say, to a five or ten grain solution of the caustic.

By this it will be seen that we attribute the effects produced by the counterirritants *to the amount and influence of the material absorbed, and not to the vesication,* etc., which they cause on the surface of the body. We infer that, if the irritant absorbed meet with a recently or acutely inflamed tissue, it will increase the mischief: while, on the other hand, that, if it meet with a tissue in a state of atonic inflammation, it will do good.

I believe that counterirritants operate on deep seated parts, in the same way as stimulating lotions, etc., do upon superficial parts. Thus, where the vessels of the face are in a state of active inflammation, as in *eczema faciei,* a weak solution of the bichloride of mercury will aggravate the evil greatly; but where the vessels are in a state of passive congestion, as in chilblain, the same solution is of signal service. In a healthy eye, the daily use of vinum opii, or other irritant, would produce inflammation. In the same eye, in the early stage of ophthalmia, it would increase the mischief; while at a later stage the surgeon would use it, with full confidence of success, to bring back the organ to its original condition. Again, we know that, if we use a blister to an acute bubo, we increase the intensity of the inflammation; whereas the same remedy applied to one in a chronic condition will effect, in many instances, its speedy cure. The same may be said of iodine paint.

If we turn to surgical authorities for their experience of inflammatory affections near the surface, we read similar observations. Is the knee-joint *acutely* inflamed?—blisters are said to be "inadmissible". Is the disease *chronic*?—we then read, "Blisters are as serviceable in the chronic as they are detrimental in the acute disease."

Other examples might be cited, drawn from experience in such diseases as gonorrhœa, eczema, ecthyma, gout, abscess, ulcer, and the like; but I think it scarcely necessary now-a-days to adduce much evidence to prove that the stimulation which is prejudicial in the early stage of inflammation may be, and generally is, of the greatest service in the latter stage; and that this is equally true, whether the stimulant be directly applied by the hand of the surgeon, or indirectly *by cutaneous absorption,* or other introduction into the blood.

Let us now run rapidly over a few diseases in which blisters are empirically employed, and endeavour to see whether these remarks are applicable to them.

1. Blisters near the eye do harm in the acute stages of iritis, ophthalmia, and sclerotitis. They do good occasionally in the later stages, when the disease is chronic.

2. Blisters to the throat are almost invariably prejudicial in the early stages of croup.

3. Blisters do harm in the early stages of pleurisy, pneumonia, and pericarditis. They do good in the latter stages—at that period, in fact, in which, could we use direct means, we should employ a solution of sulphate of zinc or of nitrate of silver to the inflamed surface.

4. Blisters occasionally do good in bronchitis. When they do, the advantage gained is not immediate; it rarely begins until twenty-four hours after the blister has risen, and when the cantharidine has had ample time for absorption and for circulation through the blood-vessels. This view of the action of blisters in bronchitis is borne out by the advantage derived occasionally in that complaint by the internal administration of turpentine, balsams, warm gums, essential oils, arsenic, and iodide of potassium, and other drugs, which permeate the system, and have locally stimulating effects. A blister will do as much harm in bronchitis in the early stage, as will alcohol, copaiba, and myrrh; and as much good in the latter, as will wine, ammoniacum, ammonia, and polygala.

5. Blisters are positively injurious in peritonitis, and in all its stages: we have seen that they will actually produce the disease in dogs and rabbits.

6. They are equally injurious in recent gonorrhœa and orchitis. They are very serviceable in chronic clap and swelled testicle.

7. Blisters to the sacrum, and copaiba internally, have a very beneficial influence upon leucorrhœa.

8. Blisters to the head have a decidedly stimulating effect on the brain in the coma attending typhus or hydrocephalus.

In other words, blisters are prejudicial when the absorption of their cantharidine or stimulating principle brings it into contact with an actively inflamed tissue. They do good whenever that principle meets with an organ in a state of chronic inflammation, such as would be treated by direct stimulation, were it on the surface of the skin.

I pass by as hypothetical, and foreign to our subject, the influence of blisters in relieving simple pain, and in removing serous accumulations from the pleura or pericardium, merely observing that, if the doctrine ordinarily held respecting the power of blisters in promoting serous absorption were correct, blisters ought to be more useful in ascites and hydrocele than in any other disease—complaints in which the distance between the affected membranes and the blister is as small as it is possible in the nature of things to be. I may, however, remark, in passing, that hydrocele in young children is occasionally cured by stimulating application to the skin of the scrotum, through which they are doubtless absorbed.

If there be any real foundation for the foregoing conclusions, we ought to be able to apply them to other counterirritants besides blisters. Let us give to each a few words. Boiling water vesicates the skin readily, but experience proves it, as a general rule, void of therapeutic power. Why? Because its influence is confined entirely to the spot to which it is applied. The actual cautery rarely if ever does good, unless where it is used for diseases which have their seat so near the surface of the body that the stimulating effect of the heat reaches them readily. Whenever the diseased portions are deep seated, it is a matter of great doubt whether the actual cautery is of any more use than an issue or seton would be; and that, to say the least, is very problematical. The potential cautery, or caustic issue, is on the whole preferred to the actual cautery, or to the use of a seton. We explain this by supposing that a large portion of the caustic is absorbed, and acts as a direct stimulant to a greater depth than either of the other two forms of counterirritation.

Mustard plaisters are by many used instead of blisters, and they have somewhat similar effects.

Turpentine is an especial favourite in tympanitis. It is applied extensively to the distended abdomen in fever and other affections, and generally with success. Why? Because it is absorbed through the skin, and acts as a local stimulant upon the atonic bowels, without producing at the same time distressing cutaneous soreness, or without disordering the stomach, as it is apt to do when administered by the mouth. Its prolonged use produces purging. Iodine, in its various forms, is a counterirritant of great efficacy, and is useful in direct proportion to the nearness with which it can be applied to the diseased parts. It is especially serviceable in enlarged bursæ and ganglia, in buboes, in nodes, and in rheumatic affections of the knee, ankle, and wrist-joints. Of its absorption there can be no doubt. Equally certain is it that its valuable properties are independent of its producing vesication. Ammoniacal, terebinthinate, crotonic, or other stimulating embrocations, liniments, or ointments, are only serviceable where there is a sluggish or atonic condition in the circulation in the parts below those to which they are applied. Thus, in acute gout, "linimentum ammoniæ" and friction is intolerably painful; yet, when the gout is chronic, they are not only serviceable, but pleasant. So in rheumatic pains, where the joints are hot and burning, no such liniments can be borne; and yet, where the joints are cold and the circulation very languid, their stimulating property gives great relief. This explanation receives corroboration in the fact that the patient experiences in the latter part of his complaint as much relief from internal warmth and stimulation as from external.

From this point a very interesting branch inquiry springs, which well deserves attention. If it be true that the influence of counterirritants depends upon the absorption of the stimulating material, and its direct action on the parts below, it follows that an introduction of the same material into the system by the mouth would have a corresponding effect, provided it could be used *in such quantities that the amount so introduced into the affected part would equal that introduced by direct absorption.* We have shown that such is really the case in bronchitis, where certain stimulants taken by the mouth are equal in value to that absorbed from a blister. There are, however, very few other instances in which it is possible to introduce by the mouth the required local quantity, on account of the immediate operation of the irritant upon the stomach; but we constantly find medicines used internally whose action corresponds to the counterirritants used externally. Thus, while the surgeon vesicates the penis externally for the cure of gleet, he gives cubebs, copaiba, etc., internally; while he applies iodine paint to a diseased joint, he gives the same remedy by the mouth; while he employs turpentine epithems to the abdomen for tympanitis, he uses it internally as an enema, and gives at the same time some more palatable essential oil by the mouth. We apply a blister for chronic pleurisy, and with it as strong a dose as possible of iodide of potassium, of whose stimulating properties no one who has noticed its influence on the nostrils can have any doubt.

Again, if it be true that chronic inflammations are benefited by the action of stimulants absorbed through the skin, we ought to find a similar principle carried out in other circumstances. Practically, we do so. We find that iodide of potassium, when taken internally to excess, produces a condition in the mucous membrane and in the skin allied to inflammation: in other words, it produces a stimulating effect. As a stimulant, we find it doing good in secondary syphilis, when the symptoms are characterised by great debility, ulceration, etc. It is equally useful in skin diseases accompanied by want of tone; and, on the other hand, it is prejudicial whenever there is an acute or recent inflammatory condition present. Arsenic, another local stimulant capable of absorption, and whose presence may be demonstrated in every part of the body after a few doses have been taken, acts much in the same way as the iodide of potassium. Copaiba and the turpentines generally are used on the same principle in bronchitis and gonorrhœa; the stimulating portion being absorbed, and acting locally on every part of the body, including that diseased.

In like manner, cantharides has been given internally for such diseases as would be treated with stimulating lotions, were they seated near the surface; as, for example, catarrh of the bladder, and seminal impotence from deficient secretion.

The next point to which we must turn our attention is the *duration* of the good effected by a blister when a definitively good result follows.

Those who have much experience with external inflammations, such as ophthalmia, tonsillitis, gonorrhœa, and ulcers generally, are fully alive to the fact that the application of a stimulant once only is not sufficient for a cure. They can see day by day the enlarged vessels or thickened membrane reduce in size, as long as the daily stimulant is used; but when this is suspended, the progress towards health is often suspended too. Vinum opii has daily to be used to the eye, turpentine to the abdomen, zinc or other solution to the urethra, and gargles to the throat. Each application does good, but no individual one effects the cure. This is not, however, universally true; for we do find occasionally that one single application of a powerful stimulant suffices to bring back the vessels to a healthy state. Now, is not this precisely what occurs when the stimulation is applied to internal organs by the medium of cutaneous absorption? It is, I believe, a well established fact, that, in chronic inflammation of the knee-joint, a *series* of blisters are as useful as are a *series* of dressings to an ulcerated leg: each successive one does good, but none positively cures. It is the same in chronic pleurisy, gleet, or gonorrhœa. The same may be said of the use of repeated vesication in consumption. Each blister is of service, but one is supplemental to another. At the same time, it is to be observed that, after one stimulation by a blister, the diseased parts may commence a change which will continue until it reaches health, just as one single injection into a hydrocele will frequently eventuate in a radical cure, though many such injections are occasionally needed.

But blisters are exceedingly sore and painful applications, producing far more lasting inconvenience than the simple application of caustic to an ulcer; and they consequently have a limit to their utility, that limit being the patient's endurance. We are too apt to reason thus: "I have used a blister once, and it seemed to do good; but the patient was soon afterwards almost as bad as ever, and therefore I will not try another." We do not, however, argue thus when we dress a sore with unguentum resinæ, or apply zinc solution to an inflamed eye; and yet the cases are strictly parallel. The parallelism of the two being assumed, let us try whether we can extract therefrom a rule of guidance. If we ourselves had an ulcer, every application to which was followed by severe pain and inconvenience for a period of at least three days, and yet produced only a temporary good, should we pertinaciously continue to apply the dressing, or should we endeavour to effect a cure by other and less severe means? For my part, I should prefer the milder plan.

And if blisters, to effect a cure of some internal inflammation or the like, demand a frequent repetition, ought we not to judge in a similar way? Should we not prefer to use milder remedies before going to those of greater severity? If so, a blister, instead of being the first, will be one of the last of the shafts fired by the doctor; he will exhaust his other remedial armoury ere he has recourse to vesication, instead of resorting to the former only when he has lost confidence in the latter.

If the views we have been endeavouring to enunciate are true, corollaries of great practical importance may be drawn from them. If it be true that counterirritants or blisters act as direct local stimulants in internal inflammations, and are beneficial only when those inflammations are asthenic or chronic, and if it be true (as experience shows) that such inflammations, etc., on the surface of the body, are rendered worse by low diet and depressing remedies, while they are improved by generous diet and tonic medicines, are we not driven to the conclusion *that the use of counterirritants is incompatible with the antiphlogistic regimen; and that to use a blister externally, without a judiciously stimulating plan internally, is contrary to sound, rational, and philosophic medicine?*

What is true of blisters is equally true of their older brothers, caustics (when used to form issues); and of their younger ones, rubefacients; but, as I have already trespassed long enough upon your time, I forbear to pursue the subject farther.

In conclusion, let me recapitulate the points I have endeavoured to bring before your notice.

1. That there is no essential difference, except in degree, between the action of caustics and counterirritants generally, when applied to the unbroken skin.

2. That these substances act intensely upon the part to which they are applied; more gently, but yet severely, upon the parts below and around it; and more mildly, yet still decidedly, upon the whole system.

3. That blisters, etc., are only useful in those cases in which stimulants would be locally applied by the surgeon, if the parts diseased were on the surface of the body, or within reach of his hand.

4. That blisters, etc., are not essentially different in their *modus operandi* from such stimulants as iodide of potassium, arsenic, copaiba, the warm balsams, essential oils, resins, etc., except in degree.

5. That blisters are useful (in appropriate chronic cases) in proportion to the nearness of the diseased organ to the blistered surface.

6. That, as a general rule, blisters have only a temporary influence; and that, where they are really necessary and useful, they require to be repeated.

7. That the application of a vesicating irritant or stimulating material externally involves the idea of there being local or systemic debility in the sufferer, to correct which such stimulant is applied.

8. That counterirritants of all kinds are physiologically incompatible with low diet, antimonials, purgatives, or other depressing remedies, inasmuch as it is manifestly absurd to stimulate locally, and yet depress generally.

Startling as these views may appear to many, I believe that they will be found more trustworthy than the older doctrines which referred the curative value of derivatives, revulsives, cauteries, issues, irritants, rubefacients, and the like, to the power they possessed of producing cutaneous change. The fundamental point of such doctrine was, that the supervention of one diseased action prevented the continuance of another. This dogma was the father of homœopathy; notwithstanding which, we still respect it as if it were founded on the everlasting hills of truth. It is high time to cast it away, as being devoid of truth, and contradicted by daily experience.

We are now engaged in a great controversy with medical heresies, and it behoves us, like wary warriors, to examine our banners and prove our weapons ere we enter the lists; nor can I help believing that our success will be triumphant or otherwise, according to the soundness of the materials in our armoury.

Discussion. Dr. Noble said that, though he could not agree with the entire theory, or follow completely the course of Dr. Inman's thought, he did not the less recognise the value of this kind of discussion, which they were too much in the habit of neglecting. The character of the practical facts which Dr. Inman had brought before them was a matter of experience to them all; but there was one point which, if not mistaken in his appreciation of the reasoning, he was not prepared to acquiesce in. He would ask Dr. Inman whether he was correct in assuming that he maintained that the counterirritants had no action beyond the seat of their application, as such; but that their action internally resulted from the absorption of the matter by which counterirritation was produced on the skin?

Dr. Inman. Yes.

Dr. Noble said he would then adduce an instance which, while it would confirm the accuracy of the practical facts, would antagonise, in some respects, Dr. Inman's theory. He had witnessed the facts again and again; and, without wishing to claim the credit of the sound conclusions and happy thoughts of Dr. Inman, a great deal of what the latter had said had long floated in his (Dr. Noble's) mind, and guided his practice, though he had not the good fortune to formularise it. He was attending once a case of phthisis; and a second practitioner was called in, who strongly urged that a seton should be introduced underneath the clavicle in the skin in front. The seton was introduced. In about three or four weeks, the patient died. There were no pleuritic adhesions observable; no signs of *pleuritis*, except immediately subjacent to where the seton had been applied; that is to say, the *costal* pleura and pulmonic pleura adhered precisely underneath the situation of the seton, and nowhere else; indicating to his mind, in the first instance, that it had produced an action in the pleura identical with that in the skin; but it seemed to him that it was by extension of the irritation to the structure, and not by any absorption of the medicated material. A fact of that kind, while corroborating Dr. Inman's facts, antagonised one element in his theory.

Dr. Inman was happy to hear a fact of this kind; but it would be recollected that, with respect to the actual cautery, he mentioned that a good result appeared to follow only when the diseased parts below were sufficiently near to be influenced by the inflammation produced. It did not seem to be a matter of much consequence how the inflammation was produced, provided a modification of the circulation was the result. In the case referred to by Dr. Noble, the presence of a foreign body had sufficed to produce inflammation in its vicinity; it did not much signify what the foreign body was, so long as it proved a stimulant or irritant; in Dr. Noble's case, it was a mechanical one; in those he had quoted, the stimulants were chemical; and, as a general rule, the influence of chemical stimuli was deeper and more extensive than that of mechanical stimuli.

Dr. O'Bryen, while the meeting was upon the subject of blisters, thought it might be interesting to state a mode of applying blisters which, from a long experience in hospital practice, he had found very useful in removing pain. Immediately upon the blister being applied, particularly if it were cantharides, take a phial of powdered starch, a little orris-root, a few grains of oxide of zinc, and dust the part with this preparation, with cotton. If it were desirable to keep the blisters open, then the powder must be modified by adding a few grains of iodine.

Reviews and Notices.

The Journal of Psychological Medicine and Mental Pathology. Edited by Forbes Winslow, M.D., D.C.L. London: Churchill. 1858.

The pages of this interesting journal open with a paper by Dr. Brown-Séquard, on the Physiology and Pathology of the Nervous System. It is remarkable how strong a hold this celebrated thinker and experimentalist has acquired on the British medical public since his lectures at the College of Surgeons. No medical periodical of any note can be opened without observing some paper of this famous physiologist. In the article before us, the experiments upon the epileptic guinea-pig are detailed, and Dr. Brown-Séquard's views with respect to epilepsy and its treatment given. We must confess they appear to us rather heroic; *a series* of moxas along the spine being, in his opinion, the best means of treating epilepsy! Dr. Winslow has drawn largely from American medical literature. The paper on the Causes of Idiocy, by S. G. Howe, M.D., is a remarkable article, full of materials for thought; and the paper entitled Tendency of Misdirected Education and the Unbalanced Mind to produce Insanity, touches on many topics connected with our mental training that the public should be informed upon. We have no doubt whatever that the superstructure of madness is often raised upon our painfully deficient and one-sided system of education. The article on the Paralysis of the Insane, containing many instructive cases, is very interesting. There is generally to be found in this quarterly a very readable paper in the autobiographical form. In the "Sketch of a Drunkard", written by himself, we have a most interesting photographic picture of the mental and physical condition of a dipsomaniac. The number is a deeply interesting one, and fully maintains the high character this journal has attained under its able editor.

The Asylum Journal of Mental Science. Edited by J. C. Bucknill, M.D. July 1858. London: Longmans.

The tendency of this journal is eminently practical; nevertheless the number opens with "Macbeth, a Psychological Study." The writer has, with great acuteness and subtlety, evolved the progressive madness of this character, and shown what a subtle-souled psychologist our great dramatist was. It is, indeed, a princely tribute to even his genius to find the alienist physician studying his delineations as a means of throwing light upon the most difficult of all studies. As we before said, however, the strong point of this journal should be, and is, its practical character. The medical officers of asylums, to whom it belongs, naturally look to it as a guide in their professional duties, and this purpose it performs well. The members, from their own practical experience, have it in their power to throw into the common stock ideas and practices which otherwise would be confined to themselves. The paper on 'Baths in the Treatment of Insanity,' by Dr. Harrington Tuke, is a very capital specimen of this style of article, and like a former one 'On administering Food by the Stomach-

Pump,' affords just the kind of information which the readers of the journal look for. Mr. Tyerman's article on 'Surgical Accidents in Asylums' may also be adduced as another interesting communication of the same class. The editor, in his review of the Eleventh Report of the Commissioners in Lunacy, does excellent service, combating the idea they have set forth, that, in insanity, there is *superfluous nervous energy*, which should be *exhausted* by open air exercise!

British Medical Journal.

SATURDAY, JULY 24TH, 1858.

MEDICAL REFORM.

OUR associates, who have toiled for many a long year, grown weary, and then gathered strength again for a fresh, and as they fondly hoped, final effort in the good cause of Medical Reform, will at last hear with satisfaction that THE MEDICAL REFORM BILL IS SAFE. Having gone through its final revision in the House of Lords on Tuesday last, it now only remains to be read *pro formâ* a third time, and then passed.

The British Medical Association cannot witness this event without a feeling of just pride, for without doubt their long and ceaseless efforts have alone forced upon Parliament the duty of legislating for the profession. When Sir Charles Hastings addressed the initiatory meeting of associates in 1832, he struck the first note of reform, which has continued to vibrate among our ranks up to the final triumph. Of late years, as the profession well know, the Association has been most intimately connected with every Bill that has been brought into the House. The Bill, indeed, upon which Mr. Headlam founded his first measure, was drawn by Mr. Hastings, one of the members of our Medical Reform Committee.

When the late Government determined to take the question of Medical Reform into their own hands, Mr. Cowper at once evinced his sense of the importance of the Association and his respect for its weight, by putting himself in communication with Sir C. Hastings, and desiring his co-operation in framing the new Bill. Subsequently to the introduction of the present Bill into Parliament, the Reform Committee of our Association were in constant communication with Mr. Cowper, and that gentleman modified many of its clauses at their suggestion. During the progress of the Bill through the lower House, the value of our organisation became very apparent. Petitions in favour of the Bill were poured in from the majority of the Branches, members were applied to for their support, and we were enabled to put on such a powerful whip as to bear down the opposition of those privileged bodies, whose ability to prevent legislation had hitherto been considered unassailable.

Had there been no Association, there would have been no Medical Bill; of this there can be no doubt whatever. There is no other organised body in the profession that could possibly have initiated such a measure. Individuals, of course, could not have put themselves forward to attack powerful corporate interests; if they had, they would have been laughed at. Journals could do no more than point out the path to Reform; and in performing this duty, we must not forget the powerful aid the *Lancet* has brought to the cause, when another contemporary was maundering helplessly about a "Royal Commission"; still, as we have said before, journals could only suggest—it was the Association alone that could and *did* act. For five-and twenty years it has steadily borne the torch of Reform. Often beaten, and sometimes sorely discouraged, it has never despaired; and year after year it has returned to the attack with a pertinacity which has at length been duly rewarded.

That the present measure is all that we could wish, we do not for one moment assert. The corporations have nibbled holes here and there, which undoubtedly make the measure less perfect than we should wish it to be. Nevertheless, the Bill, as it stands, provides for registration, reciprocity of practice, and for a General Council. It also provides against the assumption of medical titles by unqualified persons. Unfortunately, preliminary education is not made compulsory: this important part is left an open question with the Council. We trust and believe, however, that they will not hesitate to accede to the wishes of the profession, so loudly expressed on this head.

If, then, the Bill is not everything that we desire, there can be no doubt that it forms a fixed point on which to mould future improvements. The profession have undoubtedly triumphed over class interests. We shall breathe more freely; and the liberty already obtained must enlarge itself.

We congratulate the Association, therefore, upon its present success. It will, as we anticipated last week, go to Edinburgh with the gift of a Medical Reform Bill to the profession in its hands; and, by so doing, it will draw attention to the fact that it is a real power in Medicine—a power that is more than a match for corporate bodies incrusted with ancient privileges, and surrounded with a *prestige* hitherto unassailable.

MEDICAL PRACTITIONERS BILL.

THE following are the principal alterations which appear in the Medical Practitioners Bill, after its passage through Committee in the Houses of Parliament. The order for printing the Bill was made on July 20th.

In clause IV, the words "not being members of Council or office-bearers in any of the said medical colleges or societies", are omitted.

The clauses providing for preliminary examination in general education, and for the requirement of qualification both in medicine and surgery, have been omitted.

The following additions have been made to the Bill.

XVI. The General Council shall, with all convenient speed after the passing of this Act, and from time to time as occasion may require, make orders for regulating the registers to be kept under this Act, as nearly as conveniently may be in accordance with the form set forth in Schedule (D.) to this Act, or to the like effect, and by such orders from time to time direct what titles shall be entered in the fourth column of such register, so as to distinguish the rank or class of each registered person, as indicated in the judgment of the General Council by the qualification in respect of which he is registered, having regard to the requisites for obtaining such qualifications.

XIX. Any two or more of the colleges and bodies in the United Kingdom mentioned in Schedule (A.) to this Act may, with the sanction and under the directions of the General Council, unite or co-operate in conducting the examinations required for qualifications to be registered under this Act.

XXIII. All powers vested in the Privy Council by this Act may be exercised by any three or more of the lords and

others of the Privy Council, the Vice-President of the Committee of the said Privy Council on education being one of them; and all orders and acts of the Privy Council under this Act shall be sufficiently made and signified by a written or printed document, signed by one of the clerks of the Privy Council, or such officer as may be appointed by the Privy Council in this behalf; and all orders and acts made or signified by any written or printed document purporting to be so signed shall be deemed to have been duly made, issued, and done by the Privy Council; and every such document shall be received in evidence in all courts, and before all justices and others, without proof of the authority or signature of such clerk or other officer or other proof whatsoever, until it be shown that such document was not duly signed by the authority of the Privy Council.

The following addition has been made to clause XXX:—Provided always, that it shall be lawful for any College of Physicians to pass a byelaw to the effect that no one of their fellows or members shall be entitled to sue in manner aforesaid in any court of law, and thereupon such byelaw may be pleaded in bar to any action for the purposes aforesaid commenced by any fellow or member of such college.

The following addition has been made to clause XLV:—Provided nevertheless, that within twelve months after the granting of such charter to the College of Physicians of London, any fellow, member, or licentiate of the Royal College of Physicians of Edinburgh, or of the Queen's College of Physicians of Ireland, who may be in practice as a Physician in any part of the United Kingdom called England, and who may be desirous of becoming a member of such College of Physicians of England, shall be at liberty to do so, and be entitled to receive the diploma of the said college, and to be admitted to all the rights and privileges thereunto appertaining, on the payment of a registration fee of two pounds to the said college.

XLVI. It shall, notwithstanding anything herein contained, be lawful for Her Majesty, by charter, to grant to the Royal College of Surgeons of England power to institute and hold examinatious for the purpose of testing the fitness of persons to practise as dentists who may be desirous of being so examined, and to grant certificates of such fitness.

SCHEDULE (D.)

Name.	Residence.	Qualification.	Title.
A. B.	London -	Fellow of the Royal College of Physicians of London.	Physician.
C. D.	Manchester	Fellow of the Royal College of Surgeons of England.	Consulting Surgeon.
E. F.	Bristol - -	Licentiate of the Society of Apothecaries, London.	Licentiate in Medicine and Surgery.

Association Intelligence.

LETTERS AND COMMUNICATIONS.

Letters or communications for the JOURNAL should be addressed to Dr. WYNTER, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the JOURNAL, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

ADMISSION OF MEMBERS, AND PAYMENT OF SUBSCRIPTIONS.

THE General Secretary of the British Medical Association begs to call the attention of members to the Laws regarding the ADMISSION of MEMBERS, and the PAYMENT of their SUBSCRIPTIONS.

"*Admission of Members.* Any qualified medical practitioner, not disqualified by any bye-law, who shall be recommended as eligible by any *three* members, shall be admitted a member at any time by the Committee of Council, or by the Council of any Branch."

"*Subscriptions.* The subscription to the Association shall be One Guinea annually; and each member, on paying his subscription, shall be entitled to receive the publications of the Association for the current year. The subscription shall date from the 1st January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous."

Either of the following modes of payment may be adopted:—

1. Payment by Post-Office Order to the Treasurer (Sir C. Hastings, M.D., Worcester), or to the undersigned.

2. Payment to the Secretary of the Branch to which the member belongs.

3. Members residing in the Metropolis and vicinity can make their payments through the publisher of the BRITISH MEDICAL JOURNAL, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, W. C.

PHILIP H. WILLIAMS M.D., *General Secretary.*

Worcester, July 1858.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Twenty-sixth Annual Meeting of the BRITISH MEDICAL ASSOCIATION will be holden at Edinburgh, on Thursday, the 29th, Friday, the 30th, and Saturday, the 31st days of July, under the presidency of WILLIAM P. ALISON, M.D., F.R.S.E., Edinburgh.

The Committee of Council will meet at twelve o'clock on Thursday.

The General Council of the Association will meet at one o'clock.

The following is an outline of the proceedings connected with the Annual Meeting:—

Thursday, 29th, 4 o'clock P.M. First General Meeting of the Association. The retiring President will make a few remarks. The new President will deliver an Address. The Report of Council and the Report of the Reform Committee will be presented; and other business transacted.

In the evening, a conversazione will be holden at the Royal College of Surgeons, when Dr. SANDERS, Conservator of the Museum, will make some remarks on many of the objects of interest contained in it.

Friday, 30th. Morning, 8.30. Public breakfast.—9·30. Meeting of the members of the new Council.—10.30. The Address in Therapeutics will be delivered by Professor CHRISTISON. After which, papers and cases will be read.

The meeting will adjourn at 1, and reassemble at 2. The Report of the Benevolent Fund will be received. The Address in Surgery will be delivered by Professor MILLER. Papers and cases will be read.

Evening. There will be a conversazione at the Royal College of Physicians; when Dr. WILSON, Regius Professor of Technology, will read a paper on Some of the Recent Generalisations of Physical Science.

Saturday, 31st, 11 A.M. The Address in Midwifery will be delivered by Professor SIMPSON.—2 P.M. Professor BALFOUR will meet the members of the Association in the Royal Botanic Gardens.—6 P.M. Dinner. Tickets a guinea.

The medical and surgical visits to the Royal Infirmary are made at 12 o'clock. On Friday and Saturday, the physicians and surgeons will meet those members who may wish to accompany them, in the Board Room of the Infirmary, which by permission of the managers is open to all members of the Association.

Members intending to visit Edinburgh, who may not be acquainted with friends in that city, are recommended to send their names immediately to Dr. Gairdner, 52, Northumberland Street, Edinburgh, so that arrangements for their accommodation may be made as far as possible.

Among the principal hotels in Edinburgh are—Douglas's Hotel, St. Andrew's Square; Barry's British Hotel, Queen Street; The Queen's Hotel, Princes Street; Mackay's Hotel, Princes Street; Macgregor's Royal Hotel, Princes Street; Young's New Royal Hotel, Princes Street; Graham's Hotel, Princes Street; Clarendon Hotel, Princes Street; Greliche's Hotel, Princes Street; Star Hotel, Princes Street; North British Hotel, Princes Street; Caledonian Hotel, Castle Street; London Hotel, St. Andrew's Square; Kerr's Bridge Hotel, New Buildings; Waterloo Hotel (Rampling's), Waterloo Place.

Members are requested to enter, on arrival, their names and addresses in the Reception Room, in the University Buildings; where all the meetings will take place, and where all further information will be supplied.

Members who propose to read papers or cases are requested

to communicate their intention, as early as convenient, to the General Secretary.

The following is a list of notices received up to this time, and arranged in the order of their dates :—

Proposal of the formation of an Ethical Committee. By HERBERT BARKER, M.D.

Resolution as to Homœopathic Practitioners. By GEORGE MAY, jun., Esq.

Paper on the Proportions of the Human Frame at Different Periods of Life, etc. By G. M. HUMPHRY, M.B.

Paper on the Means of Recognising in after Life the subjects of Inherited Syphilis. By JONATHAN HUTCHINSON, Esq.

Paper on Insanity and Crime. By J. G. DAVEY, M.D.

Paper on the Treatment of Neuralgic Pains by Narcotic Injections. By ALEXANDER WOOD, M.D.

Cases Illustrative of the Topical Treatment of Neuralgia. By G. LINDSAY BONNAR, M.D.

Paper on the Effect of Temperature upon the System in its Relation to Food. By EDWARD SMITH, M.D.

Paper on Vesico-Vaginal Fistula and its Successful Treatment. By I. B. BROWN, Esq.

Papers by J. HUGHES BENNETT, M.D.; D. MACKINDER, M.D.; Dr. BALFOUR; and J. YEARSLEY, Esq., are also promised, if time will allow them to be read.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, July 12th, 1858.

WEST SOMERSET BRANCH: ANNUAL MEETING.

THE Annual Meeting of this Branch was held at Clarke's, Castle Hotel, Taunton, on Wednesday, July 14th, W. E. GILLETT, Esq., in the chair, in the absence of the President. There were also present, H. Alford, Esq. (Taunton); C. P. Collyns, Esq. (Dulverton); W. M. Kelly, M.D. (Taunton); G. Kidgell, Esq. (Wellington); W. Legge, Esq. (Wiveliscombe); H. W. Randolph, Esq. (Milverton); and F. H. Woodforde, M.D. (Taunton). Letters were received from Messrs. Haviland (Bridgwater), Reynolds and Pyne (Wellington), Ling (Stogumber), and Marchant and Plowman (North Curry), stating their inability to attend the meeting.

REPORT OF COUNCIL.

The report of the Council was read and adopted.

"Your Council regret that they cannot congratulate you on any marked improvement in the condition of the Branch. They strongly recommend that the subject should receive your serious attention at this meeting. Former efforts to enlist the co-operation of the members of the profession in this district have not been attended with much success; still your Council are of opinion that you should not be discouraged, but still persevere in your endeavours to bring about what will most conduce to place the profession in its proper position, namely, united action.

"The British Medical Association is the only organisation which has attained any success in this direction; and its progress has been so far satisfactory as to entitle it to the active support of all those members of our profession who desire to maintain the dignity of the honourable calling in which they are engaged.

"It is mainly through the steady perseverance which this Association has manifested, that the hitherto disheartening attempts at legislation for the protection of the profession and of the public are on the eve of being brought to a successful issue. Your Council has not been inattentive to its duty in this work, having obtained the active support of the members of Parliament for the western division of Somerset and the borough of Taunton. This object having been attained, united action will ever be needed, if only to guard against the protean enemy charlatanism.

"The approaching anniversary meeting at Edinburgh, the most renowned seat of medical learning, will contribute to place the Association in its proper light before the profession.

"You are recommended to consider whether or not a small contribution from each member of the Branch will be required to meet the local expenses, which, by Law 27, are now paid by the respective Branches, and not from the funds of the Association—a course in which this Branch had the honour of anticipating the legislation of the Association."

FINANCES.

The Treasurer's account was passed, when it was unanimously resolved that one shilling be paid by each member of the Branch, for the expenses of the Branch.

NEW MEMBER.

John Prankerd, Esq., of Langport, was elected a member of the Association."

ELECTION OF OFFICERS AND COUNCIL.

The following gentlemen were elected the officers and Council of the Branch for the ensuing year :—*President :* W. M. Kelly, M.D. *Secretary :* F. H. Woodforde, M.D. *Council of the Branch :* H. Alford, Esq.; W. E. Gillett, Esq.; G. Kidgell, Esq.; R. Marchant, Esq.; W. Reynolds, Esq.; H. W. Randolph, Esq.; and R. R. Sewell, M.B. *Representatives in the General Council :* W. M. Kelly, M.D.; and F. H. Woodforde, M.D. (Secretary).

VOTES OF THANKS.

The President for the past year, W. C. Pyne, Esq., the retiring Council, and the Secretary, were respectively thanked for their services during the year.

After the meeting, the members present partook of an excellent and pleasant dinner.

SHROPSHIRE BRANCH: ANNUAL MEETING.

THE Annual Meeting of the Shropshire Branch was held on Monday, July 19th, at the Lion Hotel, Shrewsbury; FRANCIS WHITWELL, Esq., President, in the Chair. There were also present: J. Y. Arrowsmith, Esq. (Shrewsbury); S. G. Bakewell, M.D. (All Stretton); E. Burd, M.D. (Shrewsbury); P. Cartwright, Esq. (Oswestry); T. J. Drury, M.D. (Shrewsbury); W. Eddowes, Esq. (Pontesbury); John Glover, Esq. (Dorrington); S. B. Gwynn, Esq. (Wem); F. H. Hartshorne, Esq. (Broseley); J. R. Humphreys, Esq. (Shrewsbury); John Morgan, Esq. (Waters Upton); Jukes de Styrap, M.D. (Shrewsbury); R. Thursfield, Esq. (Broseley); W. Thursfield, Esq. (Bridgnorth); R. Wilding, Esq. (Church Stretton); J. G. Wilson, Esq. (Wem); Samuel Wood, Esq. (Shrewsbury).

VOTE OF THANKS TO THE LATE PRESIDENT.

The PRESIDENT, on taking the chair, proposed a vote of thanks to Dr. Fuller, the late President; which was seconded by Dr. STYRAP, and carried unanimously.

The PRESIDENT then delivered an able address; at the termination of it, Mr. HARTSHORNE proposed a vote of thanks to him, which was seconded by Mr. GWYNN, and carried with acclamation.

CASES AND COMMUNICATIONS.

Phosphate of Lime Calculus. By F. H. HARTSHORNE, Esq. The specimen exhibited was in shape like a double cone. Its weight was thirteen drachms and two and a half scruples. It was removed from the bladder of a female by dilatation.

The Use of Gutta Percha Bougies. By SAMUEL WOOD, Esq.

[Both these communications will be published in the JOURNAL.]

SUBSCRIPTIONS TO THE BRANCH.

Mr. GLOVER proposed, and Dr. BAKEWELL seconded, a subscription of 2*s.* 6*d.*, to defray the expenses of the Branch. The motion was carried.

REPRESENTATIVES IN THE GENERAL COUNCIL.

Mr. R. THURSFIELD proposed, and Dr. STYRAP seconded—

"That Dr. Drury represent, with the President and Honorary Secretary, the Branch in the General Council."

The motion was carried unanimously.

ELECTION OF OFFICERS.

Mr. P. CARTWRIGHT proposed, and Mr. EDDOWES seconded—

"That Jukes de Styrap, M.D., be elected Vice-President-elect."

The motion was carried unanimously.

Mr. J. R. Humphreys was re-elected Honorary Secretary.

HOMŒOPATHY.

Mr. WOOD proposed, and Mr. THURSFIELD seconded, the following resolution, which was carried with applause.

"That a system of medicine which has nothing better to recommend it than the assertion that 'like will cure like', cannot be founded upon any sound or philosophical principles; and, therefore, it is the opinion of this meeting that no honourable man, whether physician or surgeon, can meet a homœopathic practitioner in consultation, or as such act in conjunction with him."

The members afterwards sat down to an excellent dinner, at which the usual toasts were given, and heartily responded to.

BRITISH MEDICAL ASSOCIATION.

OFFICERS AND COUNCIL.

President.

BOOTH EDDISON, ESQ., F.R.C.S., Surgeon to the General Hospital, Nottingham.

President-Elect.

WILLIAM PULTENEY ALISON, M.D., F.R.S.E., Emeritus Professor of Physic in the University of Edinburgh.

Permanent Vice-Presidents.

JOHN H. JAMES, ESQ., F.R.C.S., EXETER.
ARCHIBALD ROBERTSON, M.D., F.R.S., NORTHAMPTON.
JAMES HEYGATE, M.D., F.R.S., DERBY.
GEORGE NORMAN, ESQ., F.R.C.S., BATH.
SIR CHARLES HASTINGS, M.D., D.C.L., F.G.S., WORCESTER.
GEORGE S. JENKS, M.D.,
GEORGE GWYNNE BIRD, M.D., F.R.C.S., SWANSEA.
THOMAS SIMPSON, M.D., YORK.
JAMES JOHNSTONE, M.D., BIRMINGHAM.

President of the Council and Treasurer.

SIR CHARLES HASTINGS, M.D., D.C.L., F.G.S., WORCESTER.

Secretary.

PHILIP HENRY WILLIAMS, M.D., WORCESTER.

Editor of the British Medical Journal.

ANDREW WYNTER, M.D., LONDON.

Members of the General Council, Elected by the Branches.

Bath and Bristol Branch.

For 1857-8.

J. S. BARTRUM, ESQ., Bath, *Secretary*
WILLIAM BUDD, M.D., Bristol
WILLIAM DAVIES, M.D., Bath
F. FLOWER, ESQ., Chilcompton
GEORGE NORMAN, ESQ., Bath
A. PRICHARD, ESQ., Bristol
J. S. SODEN, ESQ., Bath

For 1858-9.

Same as last year.

Birmingham & Midland Counties Branch.

For 1857-8.

J. V. SOLOMON, ESQ., Birmingham, *Secretary*
*E. BARTLEET, ESQ., Birmingham
S. J. JEAFFRESON, M.B., Leamington
*JAMES JOHNSTONE, M.D., Birmingham
J. B. MELSON, M.D., Birmingham
O. PEMBERTON, ESQ., Birmingham
SPENCER THOMSON, M.D., Burton-on-Trent
THOMAS UNDERHILL, ESQ., Tipton
*T. WATKIN WILLIAMS, ESQ., Birmingham

For 1858-9.

The Members above marked *, and
O. PEMBERTON, ESQ., Birmingham, *Sec.*
H. D. CARDEN, ESQ., Worcester
E. F. DEHANE, ESQ., Wolverhampton
J. V. SOLOMON, ESQ., Birmingham
R. S. WISE, M.D., Banbury

Cambridge and Huntingdon Branch.

For 1857-8.

G. M. HUMPHRY, M.B., Cambridge, *Sec.*
W. G. PORTER, ESQ., Peterborough

For 1858-9.

G. M. HUMPHRY, M.B., Cambridge, *Sec.*
J. WHITSED, M.D., Wisbeach

East Anglian (late Suffolk) Branch.

For 1857-8.

J. B. CHEVALLIER, M.D., Ipswich, *Secretary*
W. H. RANKING, M.D., Norwich

For 1858-9.

J. B. CHEVALLIER, M.D., Ipswich, *Secretary*
W. CADGE, ESQ., Norwich
C. M. DURRANT, M.D., Ipswich
J. KIRKMAN, M.D., Melton
W. WAYLEN, ESQ., Colchester

East York and North Lincoln Branch.

For 1857-8.

J. A. LOCKING, ESQ., Hull, *Secretary*
SIR H. COOPER, M.D., Hull

For 1858-9.

J. A. LOCKING, ESQ., Hull, *Secretary*
KELBURNE KING, M.D., Hull

Lancashire and Cheshire Branch.

For 1857-8.

*A. T. H. WATERS, ESQ., Liverpool, *Sec.*
*J. DICKINSON, M.D., Liverpool
*T. INMAN, M.D., Liverpool
*ELLIS JONES, ESQ., Liverpool
*E. LYON, M.D., Manchester
*D. NOBLE, M.D., Manchester
*G. SOUTHAM, ESQ., Manchester
*LAWRENCE SPENCER, ESQ., Preston
*J. VOSE, M.D., Liverpool
*E. WATERS, M.D., Chester

For 1858-9.

The Members above marked *, and
JOHN HATTON, ESQ., Manchester

Metropolitan Counties Branch.

For 1857-8.

*A. P. STEWART, M.D., London, *Secretary*
J. RISDON BENNETT, M.D., London
*ALEXANDER HENRY, M.D., Chelsea
*EDWIN LANKESTER, M.D., F.R.S., London
EDWARD SMITH, M.D., London
*GEORGE WEBSTER, M.D., Dulwich

For 1558-9.

The Members above marked *, and
ANDREW WYNTER, M.D., Brompton

Midland Branch.

For 1857-8.

*G. MITCHINSON, ESQ., Lincoln, *Secretary*
*B. EDDISON, ESQ., Nottingham
*J. HEYGATE, M.D., F.R.S., Derby
*J. HITCHMAN, M.D., Mickleover
*E. MORRIS, M.D., Spalding
T. PAGET, ESQ., Leicester
G. SHAW, M.D., Leicester
J. SNOW, ESQ., Lincoln

For 1858-9.

The Members above marked *, and
J. BARCLAY, M.D., Leicester
T. MACAULAY, ESQ., Leicester
T. SYMPSON, ESQ., Lincoln

North Wales Branch.

For 1857-8.

D. K. JONES, ESQ., Beaumaris, *Secretary*
THOMAS T. GRIFFITH, ESQ., Wrexham
EDWARD WILLIAMS, M.D., Wrexham

For 1858-9.

D. K. JONES, ESQ., Beaumaris, *Secretary*
JAMES EDWARDS, M.D., Benarth
HAMILTON A. ROBERTS, ESQ., Brynmeurig

Reading Branch.

For 1857-8.

G. MAY, JUN., ESQ., Reading, *Secretary*
T. L. WALFORD, ESQ., Reading

For 1858-9.

Shropshire Branch.

For 1857-8.

T. J. DRURY, M.D., Shrewsbury, *Secretary*
P. CARTWRIGHT, ESQ., Oswestry
W. FULLER, M.D., Oswestry

For 1858-9.

J. R. HUMPHREYS, ESQ., Shrewsbury, *Secretary*
T. J. DRURY, M.D., Shrewsbury
FRANCIS WHITWELL, ESQ., Shrewsbury

South-Eastern Branch.

For 1857-8.

*PETER MARTIN, ESQ., Reigate, *Secretary*
G. BOTTOMLEY, ESQ., Croydon
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Mash, Jas. Esq. Surgeon to the Infirmary, Northampton
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Percival, William, Esq. Northampton
Porter, H. Esq. Peterborough
Porter, William George, Esq. Consulting Surgeon to the Infirmary, Peterborough
Prichard, T. M.D. Abington Abbey, Northampton
Purday, H. Esq. Woollaston, Wellingborough
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Starling, Thomas John, Esq. Higham Ferrers
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Terry, Henry, Jun. Esq. Northampton
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Walker, Thomas James, Esq. Peterborough
Watkins, Robert W. Esq. Towcester
Webster, J. H. M.D. Physician to the Infirmary, Northampton
Williams, H. Esq. Thrapstone
Williams, W. Esq. Guilsborough, near Northampton
Wyman, W. S. Esq. Kettering

NORTHUMBERLAND.

Number of Members..7.
Branch..None.

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Lynch, J. Esq. Blyth
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Nicholson, John, Esq. Surgeon to the Dispensary, Hexham
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NOTTINGHAMSHIRE.

Number of Members..26.
Branch..Midland.

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Higginbottom, John, Esq. F.R.S. Nottingham
Higginbottom, Marshall Hall, Esq. Nottingham
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Jarman, John, Esq. Nottingham
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Robertson, W. Tindal, M.D. Physician to the General Hospital, Nottingham
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Thompson, Joseph, Esq. Surgeon to the Dispensary, Nottingham
Ward, John Dixon, Esq. Carlton, Worksop
Ward, W. S. Esq. Wellow Hall, Ollerton
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Wright, H. Esq. East Bridgeforth, near Nottingham
Wright, James, Esq. Bottesford, near Nottingham
Wright, Thomas, M.D. Surgeon to the General Hospital, Nottingham

OXFORDSHIRE.

Number of Members..16.
Branches { Birmingham and Midland Counties. South Midland.

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Chesterman, Shearman, Esq. Banbury
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Freeborn, Richard F. Esq. Oxford
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Lee, Richard, Esq. Thame
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Rye, Arthur Brisley, Esq. Banbury
Smith, Robert, Esq. Whitchurch
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SHROPSHIRE.

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Blaikie, Robert, Esq. Oswestry
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Howlett, William, Esq. Wellington
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Johnson, Henry, M.D. Senior Physician to the Salop Infirmary, Shrewsbury
Jones, Robert, Esq. Strefford, near Shrewsbury
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Wood, Samuel, Esq. Surgeon to the Salop Infirmary, Shrewsbury

SOMERSET.

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Crang, James, Esq. Timsbury, near Bath
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Edwards, Conway, Esq. Batheaston, Bath
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Fox, E. F. Esq. Brislington House, near Bristol
Fox, F. K. M.D. Brislington House, near Bristol
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White, William, Esq. Frome
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Wybrants, Jonathan, M.D. Shepton Mallett
Young, Charles, Esq. Chilton Poulden, Bridgwater

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Number of Members..51.
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Dehane, E. F. Esq. Surgeon to the South Staffordshire Hospital, Wolverhampton
Downes, W. Esq. Handsworth
Duncalfe, Henry, Esq. West Bromwich
Dunn, William, Esq. Wolverhampton
Edwardes, G. Esq. late Surgeon to the South Staffordshire General Hospital, Wolverhampton
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Gates, James, Esq. Wolverhampton
Goddard, Samuel P. M.D. Longton
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Hancox, William M. Esq. Bilston
Handy, Charles E. Esq. Darlaston, Wednesbury
Harper, P. H. Esq. Bilston
Head, Thomas, M.D. Hanley
Holyoake, Thomas, Esq. Kinver, Stourbridge
Hopkins, William, Esq. Handsworth
Kite, W. J. Esq. West Bromwich
Lomax, Henry Thomas, Esq. Stafford
Lowe, George, Esq. Burton on Trent
Masfen, W. E. M.B. Surgeon to the Infirmary, Stafford
Morgan, M. Butler, Esq. Surgeon to the Dispensary, Lichfield
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Partridge, S. Esq. Darlaston, near Wednesbury
Pitt, Henry, Esq. Walsall
Ransom, Thomas William, Esq. Darlaston, near Wednesbury
Rowley, Thomas, M.D. Physician to the Dispensary, Lichfield
Ryan, Michael, M.D. Newcastle-under-Lyne
Sandford, Richard, Esq. Surgeon to the South Staffordshire General Hospital, Wolverhampton
Seddon, Joshua, M.D Longdon, Rugeley
Somerville, Charles, M.D. Bloxwich, Walsall
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Turner, Samuel M. Esq. Surgeon to the North Staffordshire Infirmary, Newcastle-under-Lyne
Underhill, Thomas, Esq. Tipton
Underhill, William L. Esq. Great Bridge, Tipton
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Walker, Joseph. Esq. Burslem
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Number of Members..48.
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Beck, Henry, Esq. Needham Market
Bullen, George, Esq. Senior Surgeon to the East Suffolk Hospital, Ipswich
Bullen, George, jun. Ipswich
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Ebden, W. H. Esq. Haughley
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Faircloth, Richard, Esq. Newmarket
Freeman, Spencer, Esq. Stowmarket
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Jones, Robert Edward, Esq. Long Melford, Sudbury
Kilner, John, Esq. Bury St. Edmund's
King, George, Esq. Hartest, Bury St. Edmund's
Kirkman, John, M.D. Resident Physician to the Suffolk Lunatic Asylum, Melton
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Marshall, Charles, Esq. Woodbridge
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Meadows, Daniel, Esq. Lowestoft
Miller, W. W. Esq. Eye
Muriel, John Thomas, Esq. Hadleigh
Muriel, William, Esq. Wickham Market
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Probart, Francis George, M.D. Physician to the Bury and Suffolk General Hospital, Bury St. Edmund's
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Simpson, E. Esq. Long Melford, Sudbury
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Thompson, Robert, Esq. Brandon
Wake, Robert, M.D. Honorary Physician & Surgeon to the Dispensary, Southwold, Wangford
Williams, James, M.D. Surgeon to the Dispensary, Southwold
Wilson, John, Esq. Framlingham

SURREY.

Number of Members..55.
Branches.. { South Eastern. Metropolitan Counties.

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Chaldecott, William, Esq. Dorking
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Ray, Edward, Esq. Dulwich
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Sinclair, Donald, M.D. Bath Place, Peckham
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SUSSEX.

Number of Members..69.
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Furner, Edmund J. Esq. Brighton
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Holman, Henry Martin, M.D. Hurstpierrepoint
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Joberns, William, Esq. Selsey, near Chichester
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King, William, M.D. Physician to the Sussex County Hospital, Brighton
Lawrence, John, Esq. Consulting Surgeon to the Sussex County Hospital, Brighton
Lowdell, George, Esq. Surgeon to the Sussex County Hospital, Brighton
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Martin, Peter John, Esq. Pulborough
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Bucknill, Samuel, Esq. Rugby
Bucknill, S. Birch, M.D. Rugby
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Chavasse, Samuel, Esq. Birmingham
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Elkington, Francis, M.D. Surgeon to the Lying-in Hospital, Birmingham
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Hoare, William, Esq. Birmingham
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Howkins, Thomas, Esq. Birmingham
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Macarthur, Alexander J. M.D. Anstruther
Moffat, —, M.D. Kettle, near Lady Bank
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Number of Members..5.

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Gibson, W. Lockhart, M.D. Dundee
Monro, William, M.D. Consulting Physician to the Infirmary, Dundee
Murray, David, M.D. Carnoustie
Nimmo, Matthew, Esq. Dundee

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Bell, J. M.D. Professor of Botany in Anderson's University, Glasgow
Cowan, John B. M.D. Lecturer on Medical Jurisprudence in Anderson's University, Glasgow
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Pruen, William A. M.D. Penang
Sammut, Joseph Balthazar, M.D. Malta

Editor's Letter Box.

REMARKS ON THE NEW REGULATIONS OF THE "HALL" AND "COLLEGE".

LETTER FROM THOMAS INMAN, M.D.

SIR,—As our JOURNAL is essentially provincial in its origin, will you allow me to make use of it to convey an opinion relative to the influence that the new regulations of the London "Hall and College" will have upon the provinces and provincial schools of medicine? To make my meaning clear, I must begin at the beginning of the subject; but I will endeavour to be as brief as possible.

Who are the persons who require medical aid? The rich and the poor—those who can afford to pay a doctor well, and those who can only afford to pay very small sums. The poor are infinitely more numerous than the wealthy; consequently, there are far more doctors required for the lowest than for the highest classes. We may say, in round numbers, that for every doctor who lives upon the rich, there are ten who live upon the comparatively poor.

As the wealthy classes will not voluntarily take up a laborious and unremunerative employment, it follows that the ranks of the profession will be recruited chiefly from those whose pecuniary means are slender.

If this view be borne out by experience, we shall obtain very valuable assistance by inquiring who are those that come to our medical schools? They are divisible into two classes: 1. Sons of doctors, lawyers, and clergymen, who have not sufficient capital for a mercantile life; 2. Druggists' sons and apprentices, and the sons of medical men whom misfortune has compelled to go out as "assistants". The first aim at high practice; the second have humbler views. To all these men a five-pound note is a "consideration" (how great a consideration none know better than the treasurers of the provincial schools, who yearly have their sympathies called forth for earnest-minded, yet poverty-stricken students). With many of them, five, six, and sometimes a greater number of years, elapse between the commencement and the end of their attendance on lectures. Notwithstanding present difficulties, the majority prefer a licensed to an unlicensed practice. But it is clear that the larger the fee required to obtain the diploma, etc., the greater the difficulty there will be for the many to attain it. They will be content, as heretofore, with being druggists, bone-setters, and quacks. Acting on this view, many licensing bodies have set a higher value on mental endowments than pecuniary means, and, while they demand a high standard of knowledge, demand a small money fee; while others require a fee altogether disproportionate to the standard of learning they enforce.* Others require practically both a high pecuniary and scientific standard. There can be no doubt, however, that for a poor profession, it is far better to demand a high intellectual status than a great power of "purse".+ Without making any material assimilation between the fees and learning required from students, the Hall and the College are both demanding a greater amount of the latter. No one can blame them for it: nay, we must acknowledge that it is a step in the right direction, as all agree that a professional man ought to have a high intellectual status. But we hold *that it is unjust to require a greater expenditure from provincial students than from metropolitan ones; and this is practically done when the former are required to present themselves in London for three separate examinations.*

At present, the difference in the fee required by the Hall for the London and the provincial license makes the cost of obtaining it about the same for all classes. *But by adding the cost of two journeys, and their allied hotel charges, to that already required, the provincial student is made to pay far more than the metropolitan.*

We distinctly object to the provincial students being obliged to present themselves in London at three separate times. It is unjust in principle, and I feel sure will be unsatisfactory in practice. It will either prevent poor students from entering the profession, or will drive them to such Colleges as are not so exacting as the London ones.

I have heard it stated that the plan is intended as a blow aimed at provincial schools in general. I do not believe it; for, *mutato nomine*, the London schools are provincial, *i. e.*, for the metropolitan counties. If the desire to keep the profession "select" and "respectable", in a pecuniary or social point of view, is to be acted up to, no medical school ought to be permitted in any large town; and special residence and special study should be required for a diploma, as in the older universities for a degree. The mention of these at once suggests the idea I would wish to see carried out. *Why not have the preliminary examinations for the Hall and College conducted in the provinces, as well as in the metropolis, with a machinery similar to that adopted by the Society of Arts, and the Universities of Oxford and Cambridge, in their middle class examination?*

To this it may be replied, that no one in the provinces could be trusted to examine the provincial students; the plain English of which is, that London doctors alone are clever and trustworthy, while those in all other large towns are ignorant, or influenced by unworthy considerations! The refutation of this objection at any length we may well be excused from making, as we have a very vivid recollection of one of the London Latin examinations we were subjected to, and entertain at the present moment the conviction that, had the examiner and ourselves changed places, he would not have come off very creditably.

Of the gossip respecting the various London examiners which was current when I was a student, I will not speak further than to say that, when a friend of mine who "ground" with "Power" heard a recital of the questions put to me, he immediately described the individuals who put them, and told me their names! This refers both to the Hall and College.

After this preface, I submit the following scheme, as preferable to the one promulgated by the London authorities.

1. The preliminary examinations for the "Hall" and "College" to be identical.
2. The days of examination for the metropolis and the provinces to be identical.
3. The same questions to be put to all candidates.
4. The provincial examinations to be conducted by a Board nominated by the "Hall" and "College" conjointly.
5. The Chairman of each Provincial Board to certify the absolute fairness of the examination in every respect.
6. *Vivâ voce* questions to be prescribed beforehand, the value of the answers to be arranged according to a certain common standard. Each member of the Board to record his numerical appreciation of the answers, the average of all to be taken as the true value.
7. All written answers, translations, and reports upon the *vivâ voce* questions, to be transmitted by the Chairman to the metropolitan authorities, with a declaration of *bonâ fides*.
8. The first examination of the "Hall and "College" to be conducted on the foregoing plan.
9. The questions put to the students to be published after the examinations are concluded.
10. Provincial students to be examined in London, should they prefer it.

If these points are conceded, we shall be in a position to compare the intellectual attainments of the metropolitan and provincial students. The London authorities will not be open to the charge of encouraging their own schools and hospitals at the expense of those in other towns. English students will still be encouraged to go to English colleges, etc.; and these will earn a reputation for sound practical good sense even higher than that they have hitherto enjoyed.

I am, etc., THOMAS INMAN, M.D.Lond.,
Lecturer on Medicine, etc., and for many years Registrar to the Liverpool Royal Infirmary School of Medicine.

* Compare the learning required by the Hall, and its fee of six or ten guineas, with that required by the College, and its fee of twenty guineas! and contrast the number of M.D.s of London with the number of M.R.C.S. of London, though both pay as nearly as possible the same fee.

+ I am more inclined to plead for this on public than private grounds; for there can be no doubt of the fact, that the more ignorant the doctor the greater his emolument; *i.e.*, the accomplished "medico" will "cure" a complaint in a week, which his more ignorant co-professional may (with the best intentions) keep up for months.

HOMŒOPATHIC VACCINATION.

LETTER FROM GEORGE MAY, JUN., ESQ.

SIR,—A medical friend has recently mentioned to me an homœopathic practise, which as it illustrates the little value of the Compulsory Vaccination Act, deserves public notice.

On reminding one of his patients that the time had arrived for the vaccination of her infant, she replied that this was no longer necessary, for that an homœopath, under whose care her family had been placed whilst she resided in London, had sent her a powder, which would answer the same purpose. To convince her medical attendant of the truth of her assertion, she gravely showed him a pimple on the nates, which had followed the administration of the medicine.

My friend remained incredulous; and to test the value of this homœopathic discovery, the child was vaccinated. The vesicles ran their usual course, and the parents were so far convinced, that they allowed their two elder children to be vaccinated, and with the same result.

I need only add, that the homœopath had filled in one of the ordinary certificates for transmission to the registrar without ever seeing the child. I am, etc.,

GEORGE MAY, JUN.

Reading, July 19th, 1858.

Parliamentary Intelligence.

HOUSE OF LORDS.—Tuesday, July 20th, 1858.

MEDICAL PRACTITIONERS BILL.

The Earl of CARNARVON, in giving an outline of the objects contemplated by this measure, said the Bill might probably not please everybody; but almost all the leading medical corporate bodies in the kingdom were, with very little difference, agreed in its favour, with the exception, he was sorry to say, of the College of Physicians. The state of things which it was the intention of the Bill to remedy was very anomalous. They had a variety of medical interests existing throughout the country, each, *mutatis mutandis*, with a separate and distinct jurisdiction. The College of Physicians claimed an exclusive privilege seven miles round London, and the College of Surgeons and Apothecaries' Hall claimed similar privileges with regard to conferring power on practitioners, and they existed together with similar institutions in Scotland and Ireland, without any reciprocity whatever. The most eminent Scotch physician had no right to practise in London; the most eminent English physician had no right to practise in Scotland, and the same question arose regarding Irish practitioners. The Bill before their lordships would tend to remove those complications and anomalies that had grown up in the course of centuries. The Bill was no destructive bill, because, while it remedied existing anomalies and evils, it kept alive the twenty-two corporate bodies that now existed in this country. Its further object was to improve the position of the medical profession, to infuse fresh life into these institutions, and to preserve them in their efficiency, besides instituting a complete reciprocity between them. To effect this it proposed to establish one general council of supervision for the kingdom, with branch councils and subordinate committees. The council would have the power of investigating and determining as to the standard of examination. The council would have the controlling and regulating power over the working of the system, and there would be a virtual power of suspension by appeal to the Privy Council. The Bill contained an important provision relative to the much desired power of registration, for which at present there was no official means of reference. The Bill, he thought, would be productive of great benefit both to the medical profession and the public.

Lord EBURY said the ostensible object of the Bill was to remedy the anomalies that at present existed in the medical profession of this country; but the real effect of it would be to secure a monopoly to these various associations. The only petitions in favour of the Bill had come from the medical bodies themselves, and not from the qualified practitioners. It was, in point of fact, a doctors' bill. He should object to clauses in Committee. What, he would ask, was the state of the practice of medicine in this country? They were going by this Bill to confer a monopoly in the practice of medicine in this country upon persons who themselves said that they had no confidence whatever in that practice. What said Dr. Baillie just before he died? "He feared that he had done more harm than good." What said Dr. Chalmers in his funeral oration over Dr. Williams? Why, that he had no confidence in medicine. What said Dr. Forbes? Why, that the present practice of medicine was so entirely unsatisfactory that he hoped some new school would be set on foot. [*Laughter.*]

The House then went into Committee on the Bill.

Clauses 1 to 20 inclusive were agreed to, with verbal amendments.

Upon Clause 29, which provides that no person shall be entitled to recover any fees for medical advice unless he be registered under the Act.

Lord EBURY moved that this Clause be struck out.

The Earl of DERBY explained that the object of the Clause was to protect regularly qualified practitioners from the practices of those who were not regularly qualified.

The amendment was negatived without a division, and the Clause agreed to.

Clauses 30 to 35 were agreed to.

Upon Clause 36, which prescribes a penalty for falsely pretending to be a registered person,

Lord EBURY proposed to leave out the words, "or take or use the name or title of"—and also the words at the end of the Clause, which provides that the penalty shall be "not less than £5." He said he should divide the House upon the Clause.

Lord REDESDALE said that by the rules of the House two tellers were necessary in every division, and as the noble lord appeared to be alone in his opposition, he did not see how a division could take place.

The Clause was then agreed to, as were also the remaining Clauses.

Wednesday, July 21st.

PUBLIC HEALTH BILL.

On the order of the day for the second reading of this Bill,

Lord WYNFORD complained of the noxious trades on the south of the Thames. There was an unfortunate defect in the law in respect to those trades. He was anxious for the introduction of a clause into the Bill giving power to inspectors to visit those places where noxious trades were carried on, and either with or without compensation to have a stop put to them.

The Earl of HARDWICKE said there was no doubt that those trades alluded to were great nuisances. The Privy Council had, however, powers under the Bill to exercise a certain supervision over all such trades, and to control them.

The Bill was then read a second time.

HOUSE OF COMMONS.—Thursday, July 15th, 1858.

MEDICAL RELIEF.

Mr. COBBETT asked the President of the Poor-Law Board whether he intended, before the recess, to propose to Parliament any measure for altering the present scale of payment to Medical Officers of Poor-Law Unions?

Mr. ESTCOURT replied that he had considered the matter referred to in the question; and hoped to be able, after communicating with all the parties concerned, to introduce and carry a Bill next Session.

Friday, July 16th.

PUBLIC HEALTH BILL.

This Bill was advanced a stage; Mr. ADDERLEY stating that it was only intended to continue for a year—namely, until August 1859.

Monday, July 19th.

VACCINATION (IRELAND) BILL.

This Bill was read a third time, and passed.

PUBLIC HEALTH BILL.

On the third reading of this Bill,

Mr. CONINGHAM expressed his objections to the principle of the Compulsory Vaccination Clause.

After some remarks from Mr. Cox, in opposition to the measure,

The Bill was read a third time, and passed.

Tuesday, July 20th.

METROPOLIS LOCAL MANAGEMENT BILL.

This Bill was read, after much discussion, a second time.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

In these lists, an asterisk is prefixed to the names of Members of the Association.

BIRTHS.

ALLINSON. On July 19th, at Woolwich, the wife of Augustus W. Allinson, Esq., Surgeon, of a son.

BURTON. On July 15th, the wife of Robert Graves Burton, Esq., Staff-Assistant-Surgeon, of a son.

GREENHALGH. On July 17th, at 11, Upper Woburn Place, the wife of Robert Greenhalgh, M.D., of a daughter.

FLETCHER. On July 17th, at 13, Mornington Terrace, Liverpool, the wife of *Frederick D. Fletcher, Esq., Surgeon, of a daughter.

ROPER. On July 18th, at 42, Magdalen Street, Exeter, the wife of *C. H. Roper, Esq., Surgeon, of a son.

MARRIAGES.

MASTERS—TRESS. Masters, Maxwell Tylden, Esq., Surgeon, of Peckham, to Ellen, eldest daughter of William Tress, Esq., of Redhill Lodge, at Redhill, on July 12th.

ROSS—MCLACHLAN. Ross, Frederick Dumaresq, Esq., Surgeon, Guildford, to Melissa Augusta, youngest daughter of the late James McLachlan, Esq., of Brixton Hill, Surrey, at St. Matthew's, Brixton Hill, on July 15th.

SWEETING—PAGE. Sweeting, the Rev. G. H., B.A., Principal of the Bishop's School, Perth, West Australia, to Ellen, eldest daughter of F. Page, Esq., Surgeon, Cambridge, on July 15th.

DEATHS.

CAIRD. On May 29th, near Chunar, Bengal, of small-pox, aged 27, Henry Tompson, second son of William Caird, Esq., Surgeon, Exeter.

COLE, George, Esq., Surgeon Bengal Army, on the Red Sea, during his passage to England, on June 15th.

CORTIS. On July 16th, aged 36, Mary Jane, wife of William S. Cortis, M.D., Filey, Yorkshire.

NASON. On July 13th, at Nuneaton, after a long illness, aged 57, Mary, wife of *Edward Nason, Esq., Surgeon.

NICHOLL. On July 10th, at Llanbadoc, near Usk, aged 75, Augusta Maria, widow of the late William Nicholl, M.D., of Ryde, Isle of Wight.

OGILVIE, John, Esq., Surgeon R.N., at Brighton Blean, aged 80, on July 17th.

*WILLIAMS, Henry, Esq., Surgeon, Llanwrst, lately.

APPOINTMENT.

WILLIAMS, Charles, Esq., elected House Surgeon to the Norfolk and Norwich Hospital.

HEALTH OF LONDON:—WEEK ENDING JULY 17TH, 1858.

[*From the Registrar-General's Report.*]

THE deaths in London in the week ending July 17th, were 1173. The tendency of the mortality to increase, caused by the heat, appears to have been temporarily checked by the fall of the temperature, together with the timely rains. The mean temperature of the air was in the four weeks ending June 26th, 66°; in the two subsequent weeks it fell to 57°; and last week it rose again to 66°.

In the ten years 1848-57, the average number of deaths in the weeks corresponding with last week was 976; but as the deaths now returned occurred in a population which has annually increased, they can only be compared with the average after it has been raised in proportion to the increase—a correction which will make it 1073. From the comparison, it appears that a hundred deaths were placed on the registers last week above the number which would have been registered if the mortality had not exceeded the average for the second week of July.

According to the "healthy rate" of mortality, as obtained from those districts in England where men live under the least unfavourable conditions, the deaths in London would be 799; and the excess over this standard, which is shown by the number actually returned, is 374.

The deaths from the zymotic class of diseases, which were in the previous week 445, declined last week to 403. Amongst these the disease most fatal at the present time is diarrhœa, the deaths from which in the two weeks were 129 and 126; those from cholera decreased from 13 to 4; and 3 of these 4 occurred to children, and were caused by summer cholera; the fourth case was that of a young woman who died at Woolwich after three days' illness. All of the 126 cases of diarrhœa occurred amongst infants, with the exception of nine. This complaint was prevalent, apparently, in two of the North Districts, Marylebone and St. Pancras, especially the former. Measles and scarlatina were most fatal in the East Districts, and in those on the south side of the river. The deaths from scarlatina were 73, or double the average number. Three deaths from diphtheria are returned by the Registrar of St. George, Holborn, who mentions, with regard to one case in Lamb's Conduit Street, that it is the second death in the family from diphtheria within a fortnight; and, with regard to another in Old North Street, that three members of the family where it occurred are now suffering from the same complaint.

Four widows died last week at the following advanced ages: 90, 94, 95, and 96 years.

Last week, the births of 788 boys and 796 girls, in all 1584 children, were registered in London. In the ten corresponding weeks of the years 1848-57, the average number was 1408.

At the Royal Observatory, Greenwich, the mean of the barometer in the week was 29·834 in. The highest barometrical reading was 29·97 in. on Monday. The mean temperature of the week was 66·4°, which is 4·7° above that of the same week on an average of forty-three years (as determined by Mr. Glaisher). The mean daily temperature was above the average throughout the week, and on Thursday the excess was equal to 11·8°. On that day the highest temperatures in the sun and the shade were obtained, the former having been 111·1°, the latter 88·2°. The *lowest* temperature in the week was 51·5° on Monday; and the whole range of the week was therefore 36·7°. The difference between the mean dew-point temperature and air temperature was 9·4°. The mean degree of humidity of the air was 72. The mean temperature of the water of the Thames was 64°. The wind was generally in the south-west. Rain fell on Friday to the amount of 0·61° in., most of which fell early in the morning, during a thunder-storm of much violence and long duration.

LADY BULWER LYTTON. The *Observer* publishes a letter from Mr. Robert Lytton, the son of Sir Edward Bulwer Lytton and Lady Lytton, which will inform the public of the real state of affairs that have come before them rather obscurely, but which are now entirely cleared up, and it is hoped happily ended.

The following are some extracts from Mr. Lytton's letter:—

. . . . "As was natural, I put myself in constant communication with my mother, and with the gentleman with whose family, in his private house, she was placed, (for I beg distinctly to state she was never for a moment taken to a lunatic asylum), and carried out the injunctions of my father, who confided to me implicitly every arrangement which my affection could suggest, and enjoined me to avail myself of the advice of Lord Shaftesbury in whatever was judged best and kindest to Lady Lytton.

"My mother is now with me, free from all restraint, and about, at her own wish, to travel for a short time, in company with myself and a female friend and relation of her own selection. . . . .

"The certificates given by Dr. Forbes Winslow and Dr. Conolly are subjoined; and I ought to add that Dr. Conolly was the physician whom my father had requested to see Lady Lytton; that Dr. Forbes Winslow was consulted by my mother's legal advisers; and I felt anxious to obtain the additional authority of the opinion of the latter gentleman, and requested my friend Mr. Edwin James to place himself in communication with him. . . . .

"ROBERT B. LYTTON."

(*Copy. No.* 1.) *To Edwin James, Esq., Q.C.*

"Having, at your request, examined Lady B. Lytton this day as to her state of mind, I beg to report to you that, in my opinion, it is such as to justify her liberation from restraint.

"I think it but an act of justice to Sir Edward B. Lytton to state that, upon the facts which I have ascertained were submitted to him, and upon the certificates of the medical men whom he was advised to consult, the course which he has pursued throughout these painful proceedings cannot be considered as harsh or unjustifiable. I remain, Sir, your obedient Servant, FORBES WINSLOW, M.D., D.C.L.

"23, Cavendish Square, July 16th, 1858."

(*Copy. No.* 2.)

"London, July 17th, 1858.

"SIR,—Notwithstanding the decided opinion which I felt it my duty to express with reference to Lady Lytton, after my visit to her at the private residence of Mr. and Mrs. Hill, and which, I need not repeat, justified the course you adopted, I have much satisfaction in hearing of the arrangements which have been made for her leaving their family in the society of her son, and of her female friend. I have the honour to be Sir, very faithfully, your obedient Servant, J. CONOLLY, M.D.

"To the Rt. Hon. Sir Edward Bulwer Lytton, Bart., M.P., &c."

TO CORRESPONDENTS.

POSTAGE OF MANUSCRIPT AND PRINTED MATTER.

Any amount of manuscript or printed matter, singly or together, provided it contains nothing in the form of a letter, is transmitted through the post, in packets *open at the ends*, at the following rates: not exceeding 4 ounces, one penny; above 4 and not exceeding 8 ounces, twopence; above 8 ounces and not exceeding 1 pound, fourpence; for every additional half-pound or under, twopence.

Members should remember that corrections for the current week's JOURNAL should not arrive later than Wednesday.

The Report of the South Western Branch, and other articles, are unavoidably deferred.

ANONYMOUS CORRESPONDENTS should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

NOTICE.—DR. WYNTER will feel obliged if the Associates will address all Post Office Orders in payment of Subscriptions, to the Publisher, Mr. THOMAS JOHN HONEYMAN, 37, Great Queen Street, Lincoln's Inn Fields, London, W. C., "Bloomsbury Branch"; and he would also feel obliged by their sending all communications respecting the non-receipt of the Journal, to the same address; as both these matters are out of the province of the Editor.

Communications have been received from:—DR. THOMAS INMAN; MR. T. HOLMES; DR. G. GODDARD ROGERS; MR. STONE; DR. J. MILNER BARRY; MR. J. V. SOLOMON; MR. J. LYNCH; MR. CHARLES WILLIAMS; MR. J. R. HUMPHREYS; DR. C. R. HALL; DR. W. T. GAIRDNER; DR. P. H. WILLIAMS; DR. D. R. HALDANE; MR. R. L. BOWLES; DR. STRUTHERS; MR. R. H. WILLIAMS: MR. G. MAY, JUN.; MR. W. DUNN; DR. T. NICHOLSON; MR. H. G. TREND; MR. JOBERNS; DR. VOSE; DR. C. H. JONES; MR. C. H. ROPER; MR. T. L. PRIDHAM: DR. HAYES JACKSON; MR. WHITWELL; MR. F. D. FLETCHER; and DR. W. SMITH.

ADVERTISEMENTS.

The New Sydenham Society.—A GENERAL MEETING of the Members of the New Sydenham Society will take place in Edinburgh, at some convenient time during the coming Anniversary of the British Medical Association (July 29th, 30th, and 31st.)

A list of Thirty-five works, selected by the Council as suitable for publication, has been issued, in order to obtain from the members generally an expression of relative preference respecting them. Should any member not have received this list, he is requested to inform the Secretary of the omission. Any gentleman, not a member, who may wish to see it, may obtain it on application; and all who join the Society prior to August 7th, will be enabled to vote.

July 22nd, 1858.
14 Finsbury Circus, E. C.

TO ADVERTISERS.

British Medical Journal.— Office, 37, GREAT QUEEN STREET, LINCOLN'S INN FIELDS, LONDON, W.C.

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